

**DRUG ADDICTION AS A PROBLEM-DETERMINED SYSTEM: A CASE STUDY**

by

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## DECLARATION OF OWN WORK

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"I declare that **DRUG ADDICTION AS A PROBLEM-DETERMINED SYSTEM: A CASE STUDY**, is my own work, and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references."

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Date

## ABSTRACT

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The purpose of this study was to gain a better understanding of how a problem-determined system developed around a case of drug addiction within the context of a system of relatedness. The epistemological framework informing this qualitative study was constructivism. The six participants who took part in the study represent the most prominent role players in the particular context of living. The individual battling with drug addiction, his parents, older sister, maternal grandmother and maternal aunt were interviewed. The methods of data collection employed were semi-structured interviews, a family-chronological event chart, genograms, and an eco-map. The interviews were interpreted using the hermeneutic approach. The different themes that emerged from each participant's story were integrated in relation to each other and with respect to the collaborative sources of data. The most dominant themes extracted within this study are the initial reactions to Andrew's drug addiction, life changes experienced due to Andrew's drug addiction, support, as well as the meanings attributed to Andrew's drug addiction. Further research into problem-determined systems in different cultures is recommended.

**Keywords:** Problem-determined system, drug addiction, system of relatedness, context, family.

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## **Chapter One**

### ***Introduction***

#### ***Introduction and Orientation***

Even in this era of rapid globalisation and major technological advancement, the human race is still faced with problems of pandemic proportions. Worldwide unemployment, poverty and AIDS appear to be problems of such enormous complexity that none of man's extraordinary, modern and intelligent innovations seem capable of solving these crises. The remedies to these problems, which threaten the existence of mankind, seem to elude experts and laymen worldwide. Yet there is another problem of colossal proportion which, similarly to the ones referred to above, in essence also seems to strike at the very heart of countless families all over the globe.

Drug addiction seems to be a rapidly growing societal problem that leaves many lives destroyed in its wake. Families are ripped apart by its devastating impact, and countless drug addicts are unable to free themselves from the powerful grip of drug addiction and consequently pay with their lives.

Exactly where and when did this evil creep into our world, into our communities, into our schools and into our families? Exactly where and when did this evil cast its deadly shadow on our children and youth? How do we as parents, families, communities and health-care professionals protect and save our children from this almost unspeakable evil that has been

unleashed upon our world? Many relevant role players have asked themselves these baffling questions. However, if one searches for external causes as explanations for such occurrences, it is essentially for the purpose of naming, blaming and shaming. It might be more valuable to view the problem of drug addiction within the context in which it occurs.

As human beings, we are social creatures and thus our life experiences are inevitably tied up in the experiences of others. Any attempt to understand a particular individual has to include those that form part of that individual's ecology of living. Within the context of this dissertation, this can only be achieved if the experiences of all those involved around the issue of a specific person's drug addiction forms the basis of its understanding. Therefore, through a historical investigation of the specific individual's ecology of living it is possible to come to know and appreciate how a system of relatedness formed as a problem-determined system around a case of drug addiction. This form of inquiry allows one to track the unique culmination of events in an attempt to understand how things came to be as they are now.

When did all the family members agree that the drug addiction was a problem? When did the family members start to mobilise outside systems as a possible means of intervention?

When an individual becomes entangled in the world of drugs, it is only a matter of time until his or her drug addiction becomes a problem that is shared by the immediate family. As such, the immediate family also experiences the impact of the drug addiction as family relationships and dynamics are inevitably altered as a result thereof. Each family member

also holds certain ideas as to why the drug addiction came about in the first place. Even more important than the actual cause of the drug addiction, is the manner in which the family chooses to deal with it. Where does the family draw strength, support and assistance from in an attempt to intervene? Which systems are called upon from outside the current ecology of living to try and curb the drug addiction? As a result, the reverberating impact and mobilising force of drug addiction can be explored as processes that not only alter existing interpersonal relationships, but also shape any newly established dynamics.

In essence, the idea is to foster an understanding and appreciation of a family's journey, battling against the drug addiction of a particular family member, as seen through their eyes and spoken in their words. Only then can one truly appreciate the unique culmination of events along the path of drug addiction.

To further illustrate the lens through which the problem of drug addiction is viewed in this dissertation, Auerswald (1985) describes problems or difficulties as the visible symptoms of dysfunctional systems. Therefore, the behaviour of a specific individual, labelled as the drug addict can, for example, be viewed as dysfunctional family behaviour with the particular individual as the carrier thereof. As a result, the problem of drug addiction is seated within an entire system of living, and since no one exists in a vacuum, a problem cannot develop without participants contributing thereto. This interpersonally based view of drug addiction allows for useful descriptions to be generated about how the problem of drug addiction might actually be maintained and perpetuated by those very persons who are attempting to solve it.

## ***Formulation of the Research Topic***

### DRUG ADDICTION AS A PROBLEM-DETERMINED SYSTEM: A CASE STUDY.

The specific title of this dissertation was chosen as it reflects the essence of systemic thinking. From a societal perspective, drug addiction is considered to be solely the problem of a specific individual. However, from a systemic perspective, the same problem of drug addiction is assumed to be situated within an entire context of living. As such, the drug addict does not exist as a single unrelated entity but instead, holds membership to various subsystems. For example, the drug addict forms part of a nuclear family and the nuclear family also forms part of a larger extended family. The drug addict also has friends, acquaintances and work colleagues, or peers from school.

As systemic thinking suggests that drug addiction takes place within the context of interpersonal relatedness, it manifests as a visible symptom of relational dysfunction. Therefore, the drug addict becomes the sole carrier of the family problem and hence occupies the role of the “scapegoat” in the family.

As a result, the interpersonal context plays a critical role in personal development as it either serves a protective function or it catapults the individual into a path of self-destruction. Consequently, the culmination of interpersonal events related to the development of drug addiction should be explored in greater depth.

However, since society typically considers drug addiction as the problem, difficulty or struggle of a particular individual, an important question arises. Who gets to decide whether the behaviour of a particular individual is in fact a problem?

In essence, a “problem” or “difficulty” is only termed as such when various individuals belonging to a specific system all agree through their languaging that the occurrence is in fact a problem. Therefore, a specific individual is only labelled as the “identified patient” when certain role players within that problem-determined system all agree that that particular individual displays problematic behaviour, such as drug addiction.



Once the problematic behaviour or drug addiction is considered to be a problem that threatens the well-being of a specific individual and all those involved, the impact thereof becomes clear and systems are consequently called upon in an attempt to intervene. In particular, the impact of drug addiction on the self and others is compared to what happens when a tiny drop of water falls into a much larger pool of water. This occurrence is referred to as the so-called “ripple effect”, which creates a visual image for the reader to illustrate how interpersonal relationships are altered across various interconnected systems. Therefore, the impact of the drug addiction reverberates throughout the entire system of relatedness as it soon alters family relationships, friendships and so much more.

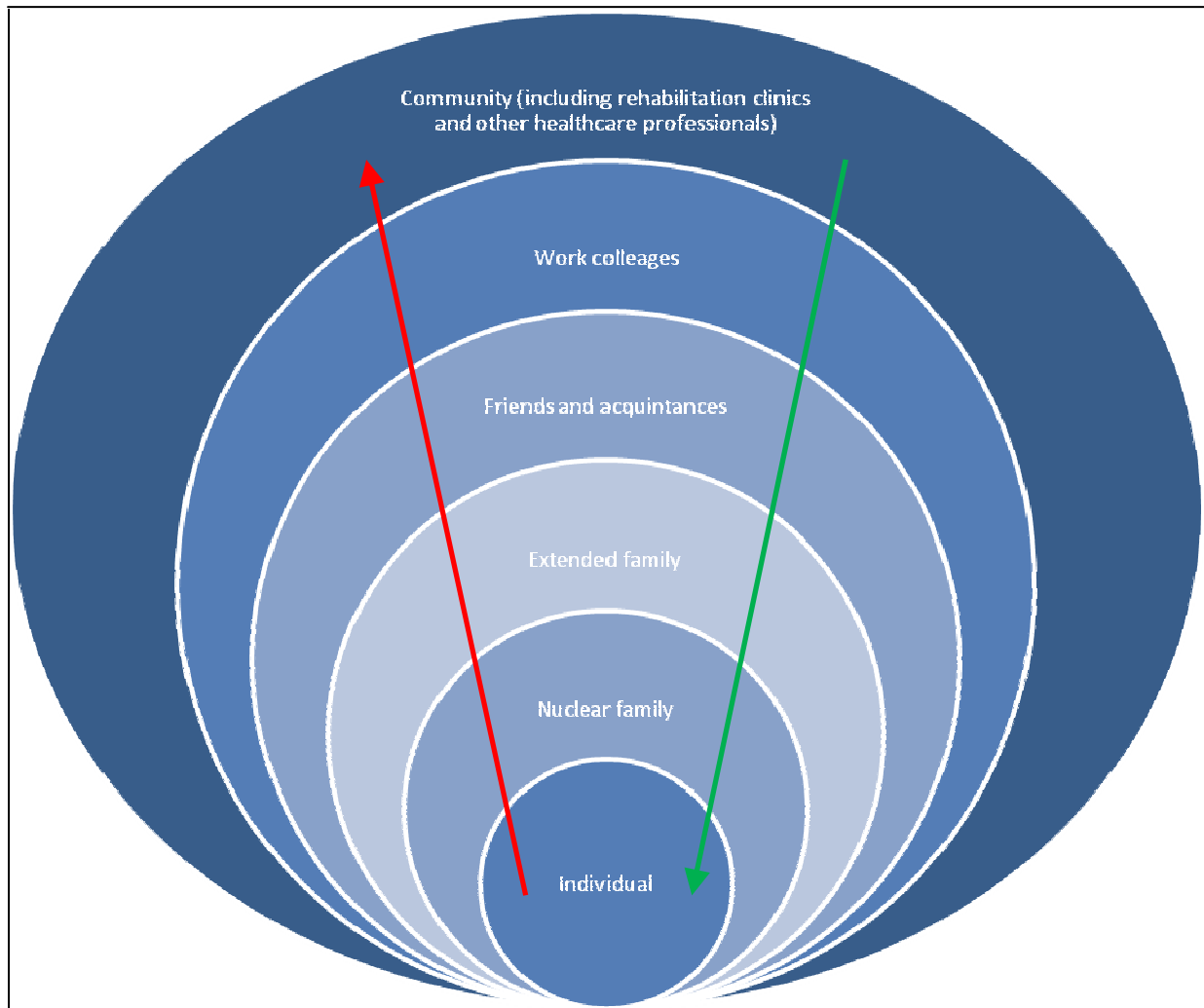
As these arrays of interconnected systems are affected by the reverberating impact of drug addiction, these systems are also drawn towards the problem of drug addiction in an attempt to intervene. On a larger scale there are also other independently existing systems



which are inevitably drawn towards the problem of drug addiction due to its mobilising force. These include health-care professionals from rehabilitation clinics or hospitals, law enforcement officers such as the police, as well as members of the criminal justice system. All of these different and independently operating systems become involved around this specific problem as they are pulled from afar and become mobilised around the drug addiction in an attempt to intervene.

Figure 1.1 (overleaf) illustrates that any system is merely a segment of a much larger field. Consequently, within any larger system or suprasystem, there are various subsystems. Each one of these subsystems invariably influences and is influenced by the other within the context of an entire system of relatedness. The illustration below also provides a visual representation (by means of coloured arrows) of the “push and pull” effect of drug addiction:

- The reverberating impact of drug addiction suggests that various systems are affected by its outward rippling effect. 
- The mobilising force of drug addiction suggests that various independently functioning systems as well as existing interconnected systems become mobilised around the problem of drug addiction in an attempt to intervene. 



*Figure 1.1: Different levels of the problem-determined system*

As the researcher, I will attempt to create a space for each uniquely subjective experience of reality to be told in relation to the topic of the study. Therefore, I acknowledge that I come from a not-knowing stance to learn about drug addiction and the toll that it takes, directly from those who have been in the firing line. These first-hand accounts of drug addiction, as being told by all those involved, would be the vehicle with which the reader is transported into the raw reality of drug addiction.

## ***Aim and Rationale of the Study***

The overarching and central aim of this particular study is to explore and come to know the journey of a family battling against the drug addiction of a particular family member. Within this broad scope, there are also smaller pockets of inquiry that will focus on specific aspects of this journey. These varying aspects will then be integrated in an attempt to foster a meaningful understanding of the lived experience as told from the uniquely subjective perspective of each participant involved.

It is perhaps necessary to start off with a historical undertaking in which the occurrence of drug addiction is placed within the interpersonal context in which it manifested. As such, the problem of drug addiction is viewed as a visible symptom that represents a dysfunctional system of relatedness. Therefore, it is proposed that the ecology of living essentially produced the “sick” family member or drug addict in order to carry the unacknowledged problems of the family, which is then packaged as something completely different.

Yet, after the “sick” family member or drug addict is produced, what happens next? This is when the exploration of the reverberating impact of drug addiction as well as the mobilising force thereof will be explored in its totality. Therefore, when an individual becomes entangled in the destructive world of drugs it is only a matter of time until the impact on interpersonal relationships and the dynamics within the immediate family, the extended family, friendships and so forth becomes visible. Similarly, as the impact of the drug addiction reverberates further and further across various interconnected subsystems, other

systems, whether independently functioning or interrelated, are simultaneously pulled towards the problem of drug addiction in an attempt to intervene.

In this manner, as the researcher, my aim would be to gain knowledge about how drug addiction came about in a particular family, how the drug addiction then affected not only the drug addict, but also those involved, and then finally, to explore where the family in its totality drew strength, support and assistance from in an attempt to intervene. Similar and dissimilar experiences regarding the same problem of drug addiction will also be highlighted, as it is understood and perceived differently by each participant concerned. As a result, each participant's experience will be regarded as a true representation of that individual's own conception of reality. Furthermore, this study will also not limit its focus solely to the negative impact of drug addiction, as it emphasises the possibility of positive change, reconnection and healing which might blossom in the wake of disaster.

The data extracted from the particular family that fought against the drug addiction of one of their own, could serve many purposes to the reader of this dissertation. This study could perhaps serve as a rude awakening for drug addicts and their families who are living in denial by not fully acknowledging the danger of drug addiction. To such people I would hope that this study could produce a powerful jolt to spur into action the active participation of all those involved. To others, this study could perhaps serve as a deterrent and warning, especially to those who have perhaps just gotten their toes wet in the alluring world of drugs. This study could also serve as a source of enlightenment, whereby readers might become aware of particular systems maintaining the very problems that they are

attempting to correct. In this light, the study advocates awareness of one's own responsibility, involvement and impact which might contribute towards the development and maintenance of a problem in others. But overall, I hope that this study leads to positive outcomes for all who read it and that it brings across a message of hope for positive change in even the direst of situations.

As far as the rationale of this study is concerned, it is my opinion as the researcher that drug addiction affects more and more people every day. Therefore, I see it as my duty to bring to light a problem which for the most part, I feel, we have only been scratching the surface. Thus, I will attempt to expose the entire iceberg and not just the minuscule piece which is visible above the surface of the deep and dark waters.

Drug addiction seems to have a very strong grip on the youth. Therefore, creating awareness and educating the general public about the disastrous impact on the self and other role players is extremely important. Consequently, this study will provide the reader with real-life stories about drug addiction as it pushes and pulls in a variety of different directions.

## ***Structure of the Study***

Chapter two provides the theoretical foundation for the subsequent case study and also contains a research review of the domain of addiction.

Chapter three discusses the empirical phase of this study. The qualitative nature of the study is highlighted, as well as the postmodern ontology and epistemology based on constructivism and important tenets of social constructionism. The methods used, including the sampling technique, the method of data collection and the analysis of the obtained data, using the hermeneutic approach, are also discussed in great detail. Finally, the reliability and validity of the study are examined, and the various ethical issues raised within the context of this endeavour are also explored.

Chapter four contains a presentation of the findings of this study. In particular, the themes which emerged from the interviews conducted with the participants are highlighted, integrated and described in relation to the literature review as well as other collaborative sources of data.

Chapter five is the concluding chapter which provides a critical evaluation of the study. In particular, the limitations of the study are discussed and recommendations are made regarding further research.

## Chapter Two

### *Theoretical Foundation and Research Review*

#### *Introduction*

It is imperative to lay a solid theoretical foundation for this project and to thoroughly review the available research related to the topic of this study. Therefore, I will attempt to portray the theories and research that are relevant to the topic of this study in a manner which will foster a sense of logical progression, whereby one particular stance or viewpoint lays the foundation for the next, so that ideas sequentially build on one another. In this sense, all the data contained in this chapter is expected to form a web of interconnected and interrelated strands of understanding the problem of drug addiction within the context in which it occurs. Only from such a vantage point does it become possible to move forward and foster a deeper understanding and appreciation of the real-life experiences of the participants taking part in this project.

This dissertation is framed as a postmodern study. Therefore, it is only appropriate that the works of postmodernist writers are utilised. It is also essential that the selected works fall within the scope of this study, such that a clear and visible thread of relevance and applicability can be seen throughout. However, the contributions made by postmodern writers cannot be fully appreciated without acknowledging those who had paved the way towards the development of the postmodern view, namely the modernists. In addition, ideas generated in the past need not be discarded as certain ideas can still be valuable and

of use in this present endeavour. Therefore, I advocate that writings from both forms of inquiry produced useful data, relevant to the understanding of drug addiction as a problem-determined system and as such will be given equal credence.

As this study also embraces a constructivist epistemology it is able to hold views from both a modern and postmodern stance simultaneously, as any explanation of human behaviour is given equal credibility. In this sense, explanations of human behaviour are not considered “ultimate truths” but are rather seen as useful descriptions facilitating an understanding and appreciation of human behaviour.

### ***Eco-Systemic Approach***

According to Meyer, Moore and Viljoen (2000), the eco-systemic approach is a broad framework that integrates aspects of general systems theory, ecological thinking and cybernetics to describe human behaviour. Throughout this study, the eco-systemic approach is utilised as a means of understanding the problem of drug addiction.

The eco-systemic approach assumes that all things in nature co-exist in a complex and systematic manner. For example, many different organisms co-exist together in a forest. Ferns grow in the shade of bigger trees and living organisms work together with disintegrated leaves in the ground to ensure that the soil is fertile enough for further growth. In this sense, each organism plays a vital role in its own survival and the survival of other organisms. If one is then to understand something about the workings within this



forest, it would not suffice to isolate one organism from the rest of the forest for examination. One would perhaps understand more by exploring the interconnectedness between the different subsystems within the context of the bigger forest.

Meyer, Moore and Viljoen (2000) explain that the eco-systemic approach to human behaviour focuses specifically on communication networks of verbal and non-verbal language, within and between systems in a particular context. As such, this line of thinking can be usefully translated to the problem of drug addiction, where an entire system of relatedness becomes the focus of exploration as ideas are generated about how the problem of drug addiction developed due to particular communicative patterns between and among different systems. Therefore, the problem of drug addiction is expanded to include not only the one individual in crisis, but also the entire context in which it occurs.

### ***General Systems Theory***

At this juncture, a more formalised body of explanations is needed to further facilitate the understanding of drug addiction as a problem within the context of interpersonal relatedness. As such, general systems theory was selected as a suitable lens through which the interpersonal roots of drug addiction can be explored.

According to Becvar and Becvar (2006), general systems theory is descriptive in nature and is not concerned with judgements about what is good or bad, right or wrong. More

specifically, general systems theory can be considered a meta-theory as it forms the skeletal structure of which the bones may be fleshed out by whatever discipline is chosen.

This uniquely systemic perspective views the individual as a subsystem that interacts with various other subsystems to which he or she has membership. For example, the individual could be part of a nuclear family, an extended family, a circle of friends and a larger community. Therefore, systems form a hierarchy with other related systems, and human functioning can be explained in terms of the interactional patterns between and within such systems. Yet sometimes these interactional patterns between systems are ineffective and become problematic.

Becvar and Becvar (2006) explain that general systems theory directs our attention away from focusing on the individual as the bearer of the problem. Instead, the focus is shifted towards relationships and relationship issues. Therefore, general systems theory assumes that problems, struggles and difficulties develop between people and not within people. Meyer, Moore and Viljoen (2000) also support this argument by stating that the general systems theory of Von Bertalanffy focuses on human interaction as the arena in which problems develop. In this sense, general systems theory allows for a description of drug addiction as a visible symptom representing relational issues.

However, the general population do not view problems relationally. A problem such as drug addiction only becomes labelled as such once all those involved around the issue agree through their languaging that it is in fact a problem. Once a problem has been identified, a

specific individual is blamed for it. For this reason, general systems theory provides a powerful reframe to this rigid manner of thinking about problems, as it attributes blame to no one and everyone at the same time. Therefore, the problem of drug addiction is understood as a symptom representing a “sick” system of relatedness to which all those involved have contributed. More specifically, Meyer, Moore and Viljoen (2000) suggest that the symptom says something about the dynamics within the system as it tells the story of how the system became stuck in repetitive and ineffective feedback networks.

In this sense, a “sick” system is unable to accommodate healthy and much needed change, as it allows very little information in from the outside, compared to the more open and healthier systems. Meyer, Moore and Viljoen (2000) also explain that “sick” systems attempt to stay the same at all costs by maintaining the status quo. This unwavering commitment to sameness can only be maintained as long as the family’s scapegoat is willing to be the sole carrier of the family’s problems.

### ***Cybernetics***

General systems theory strongly advocates the principles of first- and second-order cybernetics. In particular, Becvar and Becvar (2006) explain that cybernetics concerns itself with ideas of organisation, pattern and process that yield useful descriptions of human interaction and behaviour. As such, cybernetics focuses on how systems use information and control actions to steer towards and maintain their goals. Therefore, the interactional patterns within and between systems becomes the focus of all investigation.

Against this background, drug addiction is considered to develop due to specific interactional patterns that emerge between and within certain systems, attempting to fulfil certain goals.

The concept of first-order cybernetics allows me as the researcher to view the problem of drug addiction within the system of relatedness in which it occurs. Becvar and Becvar (2006) explain that the focus would be on describing what is happening within such a problem-determined system. Therefore, as the researcher, I become an observer of an independently existing problem-determined system to which I attribute certain characteristics that serve as useful descriptions. Consequently, the concept of first-order cybernetics allows me as the researcher to explore how the problem of drug addiction came about and how it might be maintained by the very persons that are attempting to intervene. Furthermore, I am also able to explore the reverberating impact of the problem of drug addiction across various interconnected systems, and to foster an understanding of how certain systems became mobilised around the problem of drug addiction in an attempt to intervene.

The concept of first-order cybernetics will allow me as the researcher to get a sense of the family system as a whole by examining how the family members relate to each other. As such, I am able to raise important questions through the use of these concepts and so bring forth rich descriptions of how the family came to where they are now.

According to Becvar and Becvar (2006), the concept of first-order cybernetics places the researcher outside the system which is being observed in order to help him or her

understand what is going on inside the system. Some of the key concepts are discussed below in relation to the topic of the study.

Recursion implies that every system influences and is influenced by every other system (Becvar & Becvar, 2006). As such, it might be useful to explore how the drug addict influences the different family members and how the family members influence the drug addict. Other significant reciprocal patterns of connection that fall outside the boundaries of the family system can also be examined. As such, the family drama unfolds through a description of the various instances of influence and the impact thereof within the context of relatedness.

The process of feedback is also a form of recursion whereby information about past behaviours is fed back into the system in a circular manner (Becvar & Becvar, 2006). More specifically, positive and negative feedback refer to the impact of specific behaviour on the system and the response of the system to that behaviour. Positive feedback acknowledges that a change has occurred and has been accepted by the system. Negative feedback implies that the status quo is being maintained as fluctuations or disturbances are opposed. However, the goodness or badness of a feedback process can be evaluated only relative to the context. Yet in a healthy system, a delicate balance is maintained between the processes of change and stability.

Through an exploration of the family's history, I will be able to highlight the processes of positive and negative feedback that took place over time as being indicative of the family's

overall openness to change or their reluctance thereto. As a result, the problem of drug addiction will also emerge as having a particular function within the context of the family system. A question one may ask would be, for instance: Which feedback processes were set in motion before, during and after the drug addiction came to light?

According to Becvar and Becvar (2006), the concepts of morphostasis and morphogenesis imply the specific processes that are utilised to ensure stability or to enable change. In particular, morphostasis refers to the tendency towards stability, and morphogenesis refers to behaviour that allows for growth and change to take place. As a healthy system is able to balance the processes of stability and change, either extreme would be dysfunctional.

Related to morphostasis and morphogenesis are the concepts of openness and closedness (Becvar & Becvar, 2006). In the case of extreme morphostasis a system attempts to ensure its own stability by being too closed and by screening out too much information. With extreme morphogenesis, a system is too open to the prospect of change and allows too much information in. At either extreme, the system may be said to be in a state of entropy as it tends toward disintegration. Yet when the appropriate balance between openness and closedness is maintained, the system is in a state of negentropy as it moves towards maximum order. Therefore, the system is able to accommodate change whilst in a state of temporary instability.

In this case study, the family's history revealed how easy or difficult transitional periods of change have been. A better understanding was obtained of how the family came to where

they are now. How open has the family been to the possibility of change over time? Is there a tendency to screen out information or to allow too much information into the system? Does the problem of drug addiction represent the family's desperate attempt at morphostasis, or does it imply the result of morphogenesis?

Becvar and Becvar (2006) suggest that the specific relationship patterns within a system determine the rules according to which that system operates. These rules express the values and roles that are considered appropriate and acceptable within the system. As such, the system's rules form a boundary around it that separates it from other systems. On a much broader scale, a hierarchy of systems is formed whereby any system exists as part of a larger system or suprasystem. Therefore, the concept of boundary connotes the separation of a system from a larger suprasystem and yet a belongingness to that suprasystem. More specifically, a system's boundary acts as a gatekeeper for the flow of information into and out of the system. Thus, maintenance of a family's identity involves a process in which the boundary functions as a buffer for information from outside the system, screening it for compatibility.

What are the rules inherent to this family? Which values and norms are acceptable and which are not? Do the rules of the family restrict its members and limit the possibility of differentiation? In which manner have the family rules contributed to the development of the problem of drug addiction in a specific family member?

The concept of equifinality also generates rich descriptions about the family drama over time, as the system is considered to be its own best explanation (Becvar & Becvar, 2006). Thus, regardless of where it began, the end is likely to be the same. People in relationships tend to develop habitual ways of behaving and communicating, which are referred to as redundant patterns of interaction.

Which redundant patterns of interaction does this family employ? Do these rigid patterns allow the family to remain stable and avoid the possibility of change? In this light, the family's rigid interactions might have been a defining catalyst in the development of the problem of drug addiction.

Becvar and Becvar (2006) indicate that the concept of second-order cybernetics regard the researcher as a part of, or a participant in, that which is observed. This uniquely qualitative approach is also encouraged by Terre Blanche, Durrheim and Painter (2006), who see the researcher as an inseparable part of the research process, in which the researcher's experiences, not only those of the research participants, are invaluable. Becvar and Becvar (2006) also explain that subjectivity is inevitable as the researcher creates his or her own reality by attributing certain characteristics to that which is observed. Therefore, the interdependence and mutual influence of both the observer and the observed is highlighted.



The concept of second-order cybernetics emphasises the researcher's involvement with his or her participants. In fact, the manner in which each participant's story takes shape and form, reflects a process of co-construction with me as the researcher.

Consequently, the concepts of first- and second-order cybernetics allow me as the researcher to wear two hats simultaneously. Thus, I am able to generate useful descriptions of the problem-determined system being explored, and I am able to acknowledge my own involvement in the process of co-creation with each participant.

### ***Family Systems Theory***

As indicated above, general systems theory forms the skeletal framework for understanding the problem of drug addiction within the context in which it occurs. Yet more specifically, family systems theory was chosen as the discipline to further flesh out this understanding, by yielding more elaborate descriptions about the specific interactional patterns within such a problem-determined system.

Figure 2.1 (overleaf) depicts the relation between general systems theory and family systems theory. General systems theory can be compared to the frame around a picture, while the picture itself would be family systems theory. In this sense, the frame determines how the picture is perceived and what one will make of it.



*Figure 2.1: Link between General Systems Theory and Family Systems Theory*

Becvar and Becvar (2006) describe family systems theory as being concerned with the patterns of interpersonal relationships. In particular, the family system becomes the unit of investigation as problems are assumed to develop within this domain. Consequently, useful concepts of family systems theory will be projected onto the family system to gain a deeper understanding of how the family evolved over time and came to be where it is now, in crisis!

### ***Modernist contributors to family systems theory.***

According to Becvar and Becvar (2006), the modernist stance espoused seeking the truth through observation and reasoning. Despite the present adherence to postmodernist thought, modernism still continues to shape the world today. The work of modernist writers also greatly influenced and moulded family systems theory over time.

According to Anderson, Goolishian and Winderman (1986), it was the work of Bateson and Jackson that translated valuable concepts from general systems theory and cybernetics into the family domain. Their work provided a theoretical understanding of how an individual's behaviours and symptoms were related to the family system and its organisation.

In this light, the family is viewed as a closed system in which the symptom or problem prevents the possibility of change. Therefore, a symptom or problem serves the primary purpose of maintaining stability and continuity within the family. This perspective describes families in terms of system parameters rather than in terms of individual psychological structure.

In particular, Becvar and Becvar (2006) explain that Jackson's work is based on the hypothesis that families faced with unwanted stress, develop recurring patterns of interaction that maintain their stability. Therefore, the family becomes governed by a restricted set of rules that maintain the status quo and prevents the possibility of growth and change, as that is perceived as too threatening. As a result, the family experiences problems due to their inability to redefine their rigid rules of interaction.

Becvar and Becvar (2006) also highlight a similar view held by Minuchin, which suggests that the family's inability to adjust to change arises from structural rigidity. Symptoms or problems are considered to be rooted in the family context and if the problem is to be resolved, it requires change in the structure of the family. Becvar and Becvar (2006) also state that Minuchin's structural approach to families suggests that the history of the family

consists of a succession of experiments in living. A healthy family thus has to maintain a delicate balance between stability and change, as well as between openness and closedness.

However, few families are ideal in the sense of being problem free and handling all challenges and transitions smoothly and without growing pains. According to Becvar and Becvar (2006), the family's key to success lies in its ability to make adaptive changes to its own structure relative to family circumstances and developmental stages of its members. Therefore, problems develop when the family structure is inflexible and appropriate structural adjustments cannot be made. In this light, problems reflect the whole of the family as well as other systems that impact on the family structure and its relationships.

Huitt (2003) argues in a similar fashion by stating that human beings cannot be fully understood in isolation, as it is the relationship between and amongst people that give meaning to our behaviour. Huitt (2003) suggests that human beings are in constant interaction with one another as people move in and between different contexts. In this sense, the most immediate influences are from the family, and thereafter the individual continuously influences, and is influenced by, other systems of interaction such as the neighbourhood, school, community, culture and social institutions.

This holistic view of the family is also shared by Bowen (1985), whose theoretical understanding of the family system is based on the premise that the individual family members cannot be understood in isolation from one another, but rather as part of, or in

relation to, the family as a whole. Bowen (1985) also suggests that members of a family mutually influence one another through a web of interconnection. Thus, a change in the functioning of one family member is followed by compensatory changes in the functioning of other family members, even the symptomatic ones. More specifically, Bowen (1985) indicates that family members have a profound effect on each other's thoughts, feelings and actions as they elicit each other's attention, approval and support, whilst also reacting to each other's needs, expectations and distress. It is this connectedness and reactivity that make the functioning of family members interdependent.

According to Bowen (1985), this emotional interdependence promotes the cohesiveness and cooperation between family members. However, heightened tension can intensify these processes that are meant to promote unity, which may consequently lead to problems. For example, the anxiety experienced by one family member can escalate to the extent that it spreads infectiously to all the other family members. As the anxiety increases, the emotional connectedness between the family members may become more stressful than comforting. Consequently, one family member might begin to feel overwhelmed, isolated or out of control, as he or she typically "absorbs" all the anxiety within the family to reduce the tension in others. This individual then also becomes the family member who is most vulnerable to problems such as depression, alcoholism, affairs or physical illness. Within such an enmeshed family, the members often appear to be living under the same "emotional skin".

Bowen (1985) suggests that family continuity is often threatened by the prospect of change, whereas Whitaker (in Becvar & Becvar, 2006) proposed that dysfunctional families frequently ensured family continuity by halting the possibility of individual differentiation.

Whitaker (in Becvar & Becvar, 2006) argues that it is only through a sense of belonging to the integrated whole of the family, that its members have the freedom to differentiate, individuate and separate from the family system. In this instance, the power of the family is used in a positive manner to ensure the growth and development of its members. Therefore, a healthy family promotes an atmosphere of self-actualisation and provides security for its members in times of change, despite the pitfalls and problems encountered along the way. In this sense, it is not implied that healthy families are totally symptom free, but rather that they are better equipped to handle problems more successfully than dysfunctional families, as no one member carries all the responsibility for being the problem all the time.

The conceptual model devised by Stanton (1982) is also of particular relevance as it focuses primarily on the problem of drug addiction within the family domain. Stanton (1982) suggests that the drama of drug addiction provides an underlying sense of stability to the family system, as both the addict and the family become predictable through their repetitive interactive patterns which serve a very important function.

Like Whitaker (in Becvar & Becvar, 2006), Stanton (1982) explains that drug addiction often develops during adolescence because of the intense fear of separation experienced by the

family in response to the drug addicts' attempts at individuation. In a healthy family system, the parents are able to renegotiate their relationship that will in the future not include the child. However, if the parents are unable to redefine their roles, the child will not be allowed the opportunity of differentiation and the parents, together with the drug addict become totally stuck within this developmental stage.

According to Stanton (1982), the function of the drug addiction is that it provides the addict and the family with a paradoxical solution to the dilemma of maintaining or dissolving the family, that is, of staying with the family as it might fall apart without him, or leaving home and becoming an independent adult. The drug addiction thus maintains the homeostatic balance of the family system and offers the addict a form of pseudo-individuation. For example, by focusing on the problems of the drug addict, no matter how severe or life-threatening, the parents are saved from having to deal with their longstanding marital problems. As such, the drug addict is assumed to be part of a cyclical process whereby the addict will behave in a destructive manner when marital tension and the threat of separation increase.

### ***Postmodern contributors to family systems theory.***

According to Becvar and Becvar (2006), the postmodernist movement undermines the modernist belief that searches for ultimate truths. Instead it shows a greater appreciation for the role of language. Language is considered imperative in any attempt to understand human behaviour as it is the means by which individuals come to know their world.

As a postmodernist thinker, Gergen (in Becvar & Becvar, 2006) suggests that individuals engage in multiple interpersonal relationships through the medium of language. In particular, the problems that emerge in interpersonal relationships only become labelled as such through a communicative process of mutual agreement that a problem does in fact exist.

A similar position is held by Anderson *et al.* (1986) in terms of the emergence of a problem-determined system. They believe that individuals interact and coordinate their behaviour with others through language. However, the manner in which this occurs may vary considerably. Anderson *et al.* (1986) argue that in some instances a problem-determined system is constructed out of a network of communicating persons who all agree that a specific issue is a problem. Therefore, problems emerge from the local, collaborative, collective and communicated decisions that there is a problem.

Practically it can be argued that drug addiction becomes a problem for the family when all the members agree through their languaging that it is in fact a problem. In this manner, the family system is considered to create the problem of drug addiction through their conversations or meaning systems organised around it.

The important role played by language in human interaction cannot be disputed. However, another vital factor should also be mentioned. Becvar and Becvar (2006) highlight the basic premise of Watzlawick's (1984) work and indicate that a situation or phenomenon cannot be understood completely without taking cognisance of the context in which it occurs.



Problems develop in a particular context as a result of difficulties in interpersonal relationships that manifest through the medium of language.

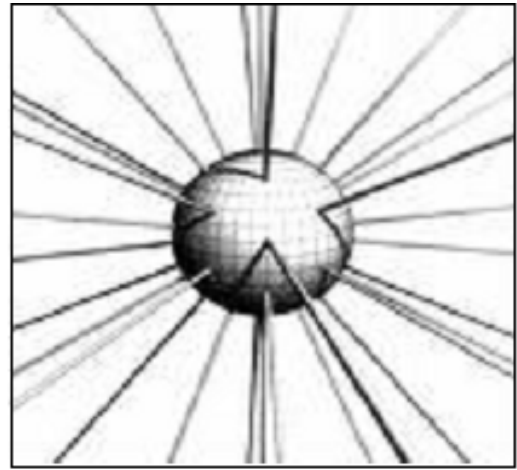
More specifically, Brooks and Rice (1997) suggest that the problem of drug addiction can be regarded as a family disease in which each member is affected and plays an important role in the family drama. Thus, that which affects one person within the context of the family, inevitably affects all the other members of the family.

Brooks and Rice (1997) also explain that within the family system, the problem of drug addiction serves the purpose of being the central organising principle. Therefore, the drug addiction impacts on all those connected to the drug addict, whilst simultaneously mobilising them around the problem of drug addiction in an attempt to intervene.

Figure 2.3 (overleaf) depicts the ripple effect or reverberating impact of drug addiction. The problem of drug addiction originally begins as the struggle of the individual, but sooner or later also impacts on the immediate family, extended family, friends, community and others. Figure 2.4 (below) depicts the mobilising force of drug addiction. In this instance, others are organised around the drug addict in an attempt to intervene. As soon as the immediate family, the extended family and the circle of friends have exhausted their own resources, other systems are also drawn in to intervene. As a result, health-care practitioners, rehabilitation facilities, the police, the judicial system as well as correctional services are called upon for assistance.



*Figure 2.3: Ripple effect*



*Figure 2.4: Mobilising force*

### ***Related Research***

Liddle and Dakof (1995) suggest that the problem of drug addiction is seated within a system of relatedness. Therefore, the drug addiction as individual behaviour is best understood as being related to the family functioning in the past and present. The family system might produce and maintain the very problem it is attempting to solve.

Liddle and Dakof (1995) propose several family-related factors that play an instrumental role in the development of drug addiction. Such factors include family attitudes and behaviour, family emotional environment as well as parenting practices.

Many homeless youngsters are widely assumed to be drug addicts. However, debates exist in literature about whether drugs are the cause or the consequence of homelessness. To explore the reasons why young children and adolescents leave home, a study was

conducted by Mallet, Rosenthal and Keys (2005), which examined the relationship between their drug addiction and subsequent pathways into homelessness. In particular, family conflict or family breakdown was implicated in all the cases as the reason why the homeless youngsters left home in the first place. Therefore, the important role played by family dynamics in the development of drug addiction cannot be overemphasised.

Hoffmann (2006) explains that a number of studies have set out to explain the relationship between family structure and problem-child behaviours, focusing specifically on aspects such as family income, stress and the relationship between the parents and the children. However, very few studies have explored whether the different types of communities within which families reside have an impact on the association between family structure and problem behaviours.

Hoffmann (2006) attempted to address this vacancy in the research field by examining the associations among community characteristics, family structure and problem-child behaviours. Hoffmann (2006) found that adolescents who live with a single father or a single mother are more involved in problem behaviours irrespective of community characteristics. Moreover, adolescents who live in communities with a prevalence of poverty, single-mother households, or jobless males, are also more involved in problem behaviours.

Whatever the reasons for its occurrence, drug addiction seriously impacts on the well-being of the drug addict and the family. Yet according to Jackson, Usher and O'Brien (2006), very

little research has explored the parental experiences of managing drug addiction within the context of family life even though this task often falls on the family, particularly the parents.

Consequently, a qualitative study was conducted to address the issue of such limited research being available in this area. Jackson *et al.* (2006) found that the experience of having a family member that is addicted to drugs, especially a child, had a profound effect on other members of the immediate family. Family relationships were often found to be fractured and split as a result of the destructive and damaging behaviour of the drug addict.

In a similar study, Butler and Bauld (2005) highlighted the devastation parents experienced in learning that their child was addicted to drugs and the subsequent impact that this had on their lives. The ripple effect of drug addiction becomes tangible within the system of relatedness, as the reverberating impact thereof engulfs not only the drug addict, but also the family and everyone else who ventures near it.

The results of the study conducted by Butler and Bauld (2005) also suggest that accessing support from specialist agencies provided substantial benefits to these families. Therefore, it seems that the mobilising force of drug addiction propels the family of the drug addict into establishing a support network from which to attain additional resources, once their own has become depleted or is rendered ineffective.

Stepping beyond the boundaries of the family, Grohsman (2007) argues that drug addiction has become a growing concern for society. Therefore, the impact of drug addiction goes

beyond the individual and the family, as the ripples thereof can also be seen in the larger community and economy. In particular, Grohsman (2007) explains that drug addiction has an enormous economic impact on society due to costs related to crimes and incarceration, treatment and rehabilitation, medical costs from overdoses and drug-related injuries, time lost from work as well as social welfare programmes. Drug addiction is also one of the fastest ways to spread the HIV virus through the sharing of needles and because of the effect of drugs on a person's judgement, causing people to make bad decisions and participate in dangerous sexual activities with an infected individual.

### ***Perception of Drug Addiction***

Each individual holds his or her own opinions and attitudes, which are essentially made up from his or her accumulated life experiences and are informed by both culture and religion. Through the years, community movements and organisations have also helped to shape the beliefs of people. Even the very theories of drug addiction reflect the times in which they were developed. Over time, drug addiction has been viewed as a moral problem, a social problem, a medical problem, a psychiatric problem, a criminal justice problem and a spiritual problem. As a result, the blame has alternately been placed upon society, the individual and the family.

In particular, attitudes about addiction and towards addicts themselves are quite disparate. Brooks and Rice (1997) also highlight a global ambivalence toward addiction as we seem to be part of a culture that glorifies substance use whilst at the same time we shun the addicts,

demonising them as being inhuman and immoral, undeserving of attention and compassion. We quickly turn away from the stumbling drunk, yet we rage at the pregnant addict. Perhaps it is fear that drives society's loathing of addiction. Perhaps it is a general ignorance and a lack of available information that make it too difficult for people to see the addict as a human who also has hopes, dreams and desires, not so different from their own. Consequently, a huge challenge is posed to each and every person if we are to recognise the addict's humanity. It would mean that we would have to recognise the universal need for empathy, compassion, understanding and help, and also recognise the universal problem of a society and culture struggling with the problem of drug addiction.

### ***Drug Abuse in South Africa***

According to Edmonds and Wilcocks (1995), drug abuse is a very real problem in South Africa. It affects people from all walks of life, right across the world and can no longer be considered a localised problem.

At present, South Africa finds itself firmly in the grip of a major drug boom. According to Edmonds and Wilcocks (1995), this national crisis is worsened even further by a lack of official infrastructure to deal with a burgeoning drug trade, a lack of sufficient manpower to enforce regulations and control supply, a lack of appropriate and sufficient treatment facilities as well as trained personnel to deal with the rapid increase in drug victims, a lack of community awareness and cooperation, and a lack of available finance to counteract the far-reaching effects that ensue from widespread drug abuse. Consequently, it seems that all

parents, teachers, community and church leaders, citizens and adolescents, have a tremendous task ahead in the prevention and treatment of drug abuse throughout the country.

### ***Summary***

In this chapter, I have highlighted the theories and research that is relevant to the topic of this study. In particular, I included the work of modernist and postmodernist writers, as writings from both forms of inquiry produced useful descriptions relevant to the understanding of drug addiction as a problem-determined system.

Against the background of this theory and review chapter, the research design of this study is described in Chapter three.

## **Chapter Three**

### ***Research Design***

#### ***Introduction***

This chapter provides a detailed description of the empirical phase of this dissertation. As such, it is imperative that each step that is taken within this design process reflects the uniquely qualitative nature thereof.

In particular, this chapter begins with a comprehensive account of the postmodern ontology or framework underlying this study, and ventures forth by clearly delineating the epistemology of constructivism that fits within the postmodern tradition. Useful ideas are also drawn from social constructionism in further support of the postmodernist view.

Thereafter, the defining features of this uniquely qualitative study are highlighted. The methods used, including the sampling technique, the method of data collection and the analysis of the data thus obtained, using the hermeneutic approach, are also discussed in great detail. Finally, the reliability and validity of the study are examined, and the various ethical issues raised within the context of this endeavour are also explored.



## ***Selected Ontology***

According to Terre Blanche *et al.* (2006, p. 6), “the ontology specifies the nature of reality that is to be studied, and what can be known about it”. In this particular study the ontology is based on the assumptions of postmodernism.

Becvar and Becvar (2006) indicate that postmodernism emerged as an alternative form of inquiry amongst varied theoreticians and scholars in the midst of questioning the certainty of modernism. More specifically, Lynch (1997) argues that postmodernism emphasises that knowledge, or that which we believe, is an expression of the language, values and beliefs of the particular communities and contexts in which we exist. Postmodernism also allows for alternative explanations or interpretations of reality as many alternative accounts, descriptions or meanings may be possible.

Consequently, a postmodern ontology allows this study to explore different sets of experiences regarding the same problem of drug addiction as a symptom or embodiment of a dysfunctional interpersonal system. Thus, as postmodernism rejects the existence of a single, objective and universal truth, each individual’s story is celebrated as an alternative explanation of the experience being narrated. Each participant involved in this study will therefore have a uniquely different experience regarding the same problem of drug addiction.

Postmodernism also has a particular interest in narrative as conversation is considered to be the ultimate context within which knowledge can be understood. According to Becvar and Becvar (2006), postmodernism views language as the means by which individuals essentially come to know their world and in their knowing, also simultaneously construct it. Therefore, the stories of a family's battle against the devastating effects of drug addiction would provide the type of context that would facilitate an outsider's understanding of such experiences.

Postmodernism also places an emphasis on practical knowledge which is socially useful and which would benefit the community. Therefore, this study would provide an in-depth look at the real-life story of a widely occurring experience which impacts the lives of countless individuals. As a result, this study could be socially useful and beneficial to the community as it promotes awareness by educating the general public about a very real problem which has devastating effects.

### ***Selected Epistemology***

Auerswald (1985, p. 1) states, "A dictionary definition of epistemology is the study or theory of the nature and grounds of knowledge. Knowledge consists of information and, the abstract expression of knowledge in spoken or written words is based on prior thought."

Similarly, Terre Blanche *et al.* (2006, p. 6) explain that "epistemology specifies the nature of the relationship between the researcher (knower) and what can be known." In relation to

the current study, my aim is to depart from a “not knowing” stance to eventually arrive at the destination of “knowing” or “understanding”. As a result, I will attempt to foster an understanding of the interpersonal basis of drug addiction as a visible symptom of a problem-determined system. Moreover, I will also explore the impact of drug addiction on the self and everyone else involved, as well as the mobilising force of drug addiction, by creating a space to zoom in on each participant’s unique experience thereof.

Therefore, it is important to focus on various role players within the entire system of relatedness, in order to obtain a better understanding of how the problem had developed, how it might be maintained, and also which systems are brought in to deal with the drug addiction in an attempt to intervene. The aim is therefore to explore a case of drug addiction within the context in which it occurs.

More specifically, the epistemology of this particular study is based on the tenets of constructivism, which are consequently used as a lens through which reality can be viewed. In general, constructivism postulates that reality is not external to any person but rather that it is constructed by each individual as we bring our own personal perceptions to bear on it, give meaning to it and give order to it (Becvar & Becvar, 2006). Therefore, constructivism can be seen as the process whereby the observer gives meaning to whatever is being observed, and consequently we can say that reality is then created (Watzlawick, 1984).

Doan (1997) also explains that any person's interpretation of reality is considered "true" as long as it works within that particular context. In essence, constructivism moves away from the belief in a single, objective and universal truth, as is evident in the assumptions of modernism, towards the existence of multiple "truths" which are all possible. This assumption of constructivism is similarly shared and advocated by postmodernism as it appropriately links both the ontology and the epistemology of this study.

This study also draws on ideas related to the principles of social constructionism. In general, constructivism as an epistemology forms the umbrella below which the perspective of social constructionism can be found. According to Owen (1992, p. 386), "social constructionism is thus the claim and viewpoint that the content of our consciousness, and the mode of relating we have to others, is taught by our culture and society."

Anderson and Goolishian (in Hart, 1995) go on to explain the social constructionist perspective in that we live with one another in a world of conversational narrative and we understand both ourselves and others through stories and self-descriptions. Consequently, each individual socially constructs his or her reality by using shared and agreed meanings communicated through language. In this sense, the interviews conducted in this study are socially constructed between me (as the researcher) and each of the selected participants, whereby our uniquely individual values, experiences, as well as social and community contexts have bearing on this construction. Consequently, language and context have to be taken into account as both are deeply embedded and rooted in these constructions.

As a result, the fit between postmodernism and social constructionism also becomes evident, as both prefer stories which are based upon a person's lived experience rather than on expert knowledge. Therefore, this particular study does not attempt to compare different individuals' accounts of the same experience in relation to proven research, in order to accredit the experience as a truthful account of a particular experience. It rather emphasises and celebrates the uniqueness of each individual's experience, as the existence of multiple meanings underlies both postmodernism and social constructionism. Therefore, as stated by Doan (1997, p. 131) "both postmodernism and social constructionism are interested in accounts that honour and respect the community of voices inherent in each individual and how these accounts can be respected within a particular system".

In summary, it is important to emphasise that, whilst conducting each interview, I as the researcher, will be co-constructing the realities of each participant's experience with them, as language is used as the medium through which each account is to be understood. Therefore, I will attempt to understand how each participant experiences the mobilising force and impact of drug addiction from their frame of reference. I will also attempt to understand how the problem of drug addiction is rooted in the context within which it occurs, as I obtain first-hand data from the relevant role players. The end result would consequently be to obtain a rich understanding of how the entire problem-determined system, with variously connected subsystems, functions around the issue of drug addiction.

## ***Qualitative Research Approach***

De Vos, Strydom, Fouché and Delport (2002) define qualitative research as a multiple perspective approach to social interaction that is aimed at making sense of, describing, and interpreting human interaction in terms of the meanings people attach to it. A qualitative approach suits this study as the study in general and the interviews in particular provide rich sources of data regarding the experience of drug addiction on the self and others involved in this problem-determined system. The aim is therefore to understand how each participant perceives and interprets his or her experience through a process of co-construction between the researcher and each participant. Consequently, the researcher is regarded as an inseparable part of the research process as the researcher's experiences, not only those of the research participants, are invaluable. In this sense, the qualitative researcher becomes a natural part of the context by engaging each participant in an open and empathetic manner.

Moreover, Terre Blanche *et al.* (2006) explain that a qualitative approach allows the researcher to study selected issues in depth, openness and detail, as it involves the studying of real-life situations as they unfold naturally. Therefore, the qualitative approach facilitates, on the basis of interviews, the researcher's attempts to build up a detailed picture of the life stories and experiences of people.

Whitley (2002) also argues that a qualitative approach focuses on understanding how people experience and interpret events in their lives. Therefore, by using a qualitative

approach the voices of the participants become articulated more clearly as no external framework is imposed on their experiences. In this regard, Terre Blanche *et al.* (2006) suggest that the meaning of words, actions and experiences can only really be understood if they are studied within the context in which they occur.

### ***Sampling and Selection***

As qualitative research generates masses of data, the researcher generally only looks intensively at a few cases. Therefore, Terre Blanche *et al.* (2006) argue that qualitative research is more concerned with detailed and in-depth analysis than with statistical accuracy which has a better fit with quantitative research. Therefore, qualitative approaches supply a large sample of observations about a small number of participants in context.

The participants selected to participate in this study were obtained by making use of convenience sampling. According to Whitley (2002), convenience sampling of participants involves whoever happens to be in the setting at the time the research is conducted. Consequently, I have selected participants with real-life experiences of drug addiction.

The scope of this particular study is limited to the experience of drug addiction as pertaining to one system of relatedness. The participants include:

- the individual battling with drug addiction;
- the nuclear family of this individual, including both parents and one sibling; and

- the extended family members that have become mobilised around the problem of drug addiction in an attempt to intervene, which includes the maternal grandmother and a maternal aunt.

### ***Method: A Case Study***

As this research project is qualitatively orientated, it is vital to obtain data that reflects richness and quality rather than quantity. Therefore, the case study research method was chosen as fitting within this qualitative scope, as it allows in-depth and descriptive data to be generated about the inner workings of only one particular system of relatedness. Soy (1997) supports this view and similarly argues that case studies provide a detailed analysis of a few events and the relationships between them which allows the researcher to obtain a better understanding of more complex real-life issues.

Therefore, only one family system will be focused on in this dissertation. It will include those affected by the drug addiction of a specific individual (including the drug addict) as well as those mobilised around the problem in an attempt to intervene.

Soy (1997) proposes six steps that could be utilised when implementing the case study as a research method:

- Determine and define the research questions.
- Select the cases and determine data gathering and analysis techniques.



- Prepare to collect the data.
- Collect the data in the field.
- Evaluate and analyse the data.
- Prepare the report.

Each of these above-mentioned steps already forms part of the general outline of the dissertation. In this sense, the case study as a research method fits well within the broader methodological scope of the dissertation.

In particular, Stake (in Denzin & Lincoln, 2005) argues that case study researchers should seek out both what is common and what is particular about a specific case. Therefore, I will attempt to probe into the particularity of the chosen case so as to obtain qualitatively rich and unique data. To study the case, Stake (in Denzin & Lincoln, 2005) specifies that the case study researcher should draw from the nature of the case in terms of its activity and functioning, those informants through whom the case can be known, that is, the historical background as well as the physical setting or context in which the case is embedded. In this manner, the case study researcher can attempt to organise the case around specific issues.

### ***Collection of Data***

The data obtained for this particular study was collected by means of conducting a semi-structured interview with each participant. According to Whitley (2002), a semi-structured interview follows an interview guide that contains specific topics and issues to be covered

and may also include some specific questions. However, due to its loose and flexible structure, the interview proceeds much like a normal conversation, which is merely guided by keeping the overall purpose in mind.

As already mentioned, an interview was conducted with the following participants, who together form a system of relatedness:

- the individual battling with drug addiction;
- the nuclear family of this individual, including both parents and one sibling; and
- the extended family members that have become mobilised around the problem of drug addiction, which include the maternal grandmother and a maternal aunt.

The aim was to interview all the relevant parties within the context of the problem-determined system, to obtain a deeper understanding of each one's subjective experience thereof. Each interview was audio-taped in order to facilitate the processes of data capturing and data analysis. The transcribed interviews are available on request.

During each interview certain tools were also used to focus and structure the process of data gathering. Thus, as the researcher, I was able to dig much deeper into each participant's unique story.

In particular, the chronological event chart is a useful tool to generate more data during the interview process, as it provides a way of tracking individual life histories within the context

of the broader family system. This is especially important as the dissertation seeks to understand how the problem of drug addiction originated within the context of the particular person's relational system. Therefore, this tool offers a process of recording significant events in each participant's life, while noting the impact of such events on others. As a result, the culmination of different, yet significant, events is considered a contributing factor within the context of the problem-determined system.

Another useful tool that was utilised during the interview process is the genogram. This visual representation of the family system allowed me as the researcher to identify certain patterns or themes within the broader relational system which might be influencing or driving the problematic behaviour of drug addiction.

The genogram provides useful data by focusing on:

- the family structure, the composition of the household and the sibling constellation;
- the life cycle the family was in with the birth of each child;
- specific functioning, relational or structural patterns that are repeated across generations;
- significant life events which might have had an impact on the family's way of functioning;
- relational patterns between the parents, between the children, and between the parents and the children; and

- family balance and imbalance in terms of roles, styles of functioning and available resources.

An eco-map was also used to focus on the interaction between the family and its environment. According to Becvar and Becvar (2006), the eco-map is a diagram of the various systems, and the relationships among them, which characterise the larger interpersonal context of a specific individual's system of living. Harman and Laird (in Becvar & Becvar, 2006) also point out that the eco-map provides a picture of the family in its life situation, as it identifies and characterises the significant nurturant or conflict-laden connections between the family and the environment.

In general, the nature of the semi-structured interview is such that it allows the story of each participant to naturally emerge as a coherent whole. In this manner, each participant is regarded as the expert on the subject in question.

The additional tools utilised within the context of the semi-structured interview served as methods to extend, colour and enrich each unique description of reality. A basic outline of the interview questions, specific to each participant, can be found in Appendix B (on page 157).

## ***Focus of the Interviews***

According to Selvini-Palazzoli, Boscolo, Cecchin and Prata (1980), it is important to have knowledge of interview procedures that are coherent with the systemic epistemology as it will extract fruitful data from the participants involved. I therefore attempted to empower myself with relevant knowledge of interview procedures before I embarked on the daunting task of interviewing each participant about his or her experiences.

After years of research, Selvini-Palazzoli *et al.* (1980) have established the following principles, which they consider indispensable to interviewing participants (e.g. families):

- It is useful if the researcher is able to formulate a tentative hypothesis based on the data which is already available. In this manner, the hypothesis is used as a basis for reasoning whereby the researcher is able to elicit responses from the participants involved as a means of confirming or refuting the proposed hypothesis. In essence, the role of the hypothesis in interviews is that of guiding the researcher towards tracking relational patterns. However, it is important that the hypothesis must be systemic and include all the components of the system under investigation. Therefore, it is necessary to focus on occurrences in the community and in the wider society in the country that might coincide with the establishment or perpetuation of the problem, and possible role players who might maintain or perpetuate the problem whilst attempting to resolve it. Consequently, being armed with a hypothesis, allowed me as the researcher to take the initiative, proceed in an orderly

fashion, control, interrupt, guide and elicit transactions, whilst avoiding being inundated with meaningless chatter from the participants.

- Circularity is yet another important principle to keep in mind whilst interviewing participants. It implies that the researcher focuses on his or her ability to conduct an interview on the basis of feedback obtained from the participants, in response to the data he or she solicits about relationships, differences and changes. Whilst having a circular focus, the researcher can elicit extremely valuable data by focusing on specific behaviour that occurs in specific circumstances, looking at actual differences in behaviour and not at perceived or alleged intrinsic qualities, ranking a specific form of behaviour shown by various members of the family, focusing on changes in relationships before and after a precise event, and looking at differences in respect to hypothetical circumstances. Even though the various interviews were not conducted in a group context, participants could still be requested to comment on relationships between other family members in their absence.
- Lastly, it is imperative that the researcher remains neutral during the overall interview process. Therefore, if the interview was conducted in accordance with the rules of systemic epistemology, the participants would not be able to experience the researcher as passing judgement. However, this neutral stance of the researcher will only be established if the researcher provides each participant with the opportunity to metacommunicate about the relationship between two other members. As a result, the researcher is particularly interested in provoking feedbacks whilst collecting data.

## ***Analysis of the Interviews***

After the data had been gathered by using semi-structured interviews, and had then been transcribed, the data had to be analysed. Data analysis involves a process whereby structure and meaning is imposed on the mass of data which was obtained. However, researchers are often faced with the daunting decision of how to analyse the data in a way that best suits the study. Within this qualitative study, hermeneutics was used in order to analyse the data obtained, as hermeneutics aims to discover meaning and to achieve understanding of that which might not yet be understood.

## ***Hermeneutic Process of Analysis***

According to Addison (1992), hermeneutics is based on the assumption that people give meaning to what happens in their lives, and the process of interpretation makes it possible to make sense of a person's world. An outline of the procedure followed when performing hermeneutics has been adapted from Aronson (1994) and Terre Blanche *et al.* (2006). This procedure was then applied when the data obtained during each semi-structured interview, was analysed:

The first step requires that the researcher collects the necessary data. In this particular study, the data gathering took place by conducting audio-taped interviews, which were then transcribed to facilitate the researcher in the familiarisation and immersion process. This is a

process whereby the researcher is immersed in the world created by the text (in the form of transcribed interviews), in order to make sense of the world of the participants.

The second step requires that the researcher infers themes that appear to emerge from the text as resembling identifiable patterns of experience. These patterns of experience can come either from direct quotes or from paraphrasing common ideas which will later be grouped together. From patterns such as conversation topics, vocabulary, meanings, recurring activities, feelings, folk sayings and proverbs – themes are defined.

The third step involves grouping together similar data under the same theme. Therefore, common patterns of experience are identified and grouped together as being representative of an overall emerging theme.

The fourth step allows the researcher to explore each identified theme more closely. A dialogue or circular movement then occurs which is referred to as the “hermeneutic cycle”. According to Terre Blanche *et al.* (2006), the hermeneutic cycle suggests that in the interpretation of a text, the meaning of the parts should be considered in relation to the meaning of the whole, which itself can only be understood in respect of its constituent parts. Therefore, the researcher maintains a constantly questioning attitude and looks for possible misunderstandings, incomplete understandings and deeper meanings. This constant back and forth movement between the elements of the text and the text as a whole will enable the researcher to obtain a deeper and richer understanding of the participant’s lived experience.



The fifth and final step allows the researcher to elaborate fully and comprehensively on each identified theme, by using excerpts from the transcribed interviews to substantiate those themes. Therefore, the themes that emerged from each participant's story were put together to form a comprehensive picture of each participant's lived experience. The researcher also indicated how each theme related to the topic of the particular study, and consequently provided a valid argument for choosing each of the themes.

### ***Integration of Data***

Each interview which was conducted with the participants of this study was analysed by using the hermeneutic form of data analysis. As a result, a re-construction of each interview was then presented in the form of themes that represented each individual's unique account of reality with regard to the topic of this dissertation. These re-constructed narratives were then integrated with the data obtained from the chronological event chart, the genograms and the eco-map, in order to form a coherent whole that would facilitate a deeper understanding of this family drama.

### ***Role of the Researcher***

According to Auerswald (1985, p. 1), "the therapist functions as a benign detective, seeking out with the family and others the event-shape in time-space that contains the reported distress".

Similarly, as the researcher, I play the role of a detective, whereby I investigated the problem of drug addiction in terms of the event-shape in time-space where the problem first began, how the problem developed, how it might have been maintained by the very systems that attempted to admonish it, and how the drug addict and others were affected by the drug addiction as well as where they all drew strength and support from.

Furthermore, Anderson and Goolishian (1988) argue that the role of the researcher in qualitative research is primarily that of a master conversational artist or an architect of dialogue. As such, I attempted to create a space that would facilitate dialogical conversation.

Anderson and Goolishian (1988) also stress that the role of the researcher conducting qualitative research by means of focusing on the stories of the participants, involves:

- entertaining multiple as well as contradictory ideas simultaneously;
- keeping the inquiry within the parameters of the problem as described by the participants;
- taking responsibility for the creation of a conversational context which would allow for the mutual collaboration in the problem-defining process;
- being a respectful listener who does not seek to understand too quickly; and
- learning, understanding and conversing in the participant's language, because that language is the metaphor of each participant's experience.

## ***Reliability and Validity***

According to Stiles (1993), in qualitative research reliability refers to the trustworthiness of the observations, whereas validity refers to the trustworthiness of the interpretations.

The following strategies were used in order to achieve reliability (Stiles, 1993):

- disclosing the researcher's orientation to the study, such as the expectations for the study, preconceptions and values or theoretical allegiance;
- explication of the socio-cultural context which refers to the context of investigation;
- providing a description of the investigator's internal processes or the impact of the research on the researcher;
- engaging with the material, whereby the researcher needs to establish a relationship of trust with the participants and seeks to understand the world from the perspective of the participants;
- iteration, which is the process of cycling between the interpretation and the observation or the dialogue between the theories or interpretations and the participants or text;
- grounding the interpretations of the study through the process of linking interpretations to the content and the context, such as linking themes with examples from the interview text; and
- rather asking 'what' and not 'why' as it grounds experiences in a context which is more suitable for telling stories.

The following strategies were used in order to achieve validity (Stiles, 1993, p. 608):

- triangulation, which is the process of obtaining data from multiple sources of information or by using multiple data collection and analysis methods;
- the study had to be coherent in terms of displaying a good fit with the interpretation thereof;
- uncovering, which refers to the process of making sense of our experiences;
- testimonial validity had to be obtained from the participants themselves, as the reconstruction in terms of re-telling their stories, had to make sense to the participants;
- catalytic validity, which refers to the degree to which the research process made sense to the participants and led to their personal growth; and
- reflexive validity, which is indicated by the way in which the researcher's way of thinking was changed by the data.

### ***Ethical Considerations***

From the researcher's point of view, it was vital to approach this research project from an ethically sound frame of mind to reflect the degree of personal integrity and responsibility with which this study was undertaken. Hence, all the necessary ethical considerations were taken into account, as they form the foundation on which all research should fundamentally be based.

According to Neuman (1997, p. 445), “ethical research requires balancing the value of advancing knowledge against the value of non-interference in the lives of others”. For this reason, ethical codes need to be implemented to safeguard both the researcher and the participants involved. The necessary ethical considerations that should be taken into account include obtaining written consent, clearly explicating the aim and possible uses of the research, as well as maintaining confidentiality and anonymity. The ethical considerations are explicated in the consent form that can be found in Appendix A (on page 151).

The consent form had to be completed so as to obtain written consent from the participants involved in this study. The main aim of the consent form was to inform the participants about their rights and responsibilities when involved in the study. As a result, each participant was informed about the aim and purpose of the proposed study and what will happen to the results. The consent form also explains the complete voluntary nature of participation in the study and requests permission for the audio-taping and transcription of the interviews. Consequently, the researcher had to ensure that each participant remained anonymous, was treated professionally and ethically, that identifying information remains confidential, and that restoration of the participant’s well-being takes place if therapeutic intervention should be required.

In order to ensure anonymity, the participant’s names have been changed. The family will be known as the Joubert family, with the following members:

- mother, named Lauren;
- father, named David;
- youngest son (drug addict), named Andrew;
- older sister, named Katie;
- older brother, named Tim (not participating in research);
- maternal grandmother, named Emma; and
- maternal aunt, named Sophia.

### ***Summary***

In this chapter, the empirical phase of this qualitative research was discussed within a postmodern framework, the epistemology of constructivism, and social constructionism. The methods used, including the sampling technique, the method of data collection and the analysis of the data thus obtained, using the hermeneutic approach, were discussed in great detail. Finally, the reliability and validity of the study were examined, and the various ethical issues raised within the context of this endeavour were explored.

In the following chapter, the data obtained from each semi-structured interview, aided by tools such as the chronological even chart, genograms and the eco-map, is integrated and presented in meaningful wholes. Strongly emerging themes are extracted from each participant's story as representing their unique understanding and experience of drug addiction within a context of relatedness.

## Chapter Four

### *Results*

#### *Introduction*

On the surface, it seems that the problem of drug addiction has lost its shock value, as so many families all over the globe have faced or are facing a similar struggle. Yet when taking a closer look, the manner in which a problem-determined system has formed around the problem of drug addiction proves to be unique to each family context. Moreover, the journey of each family is also unique, as the manner in which relationships have been affected, the ways in which each family has tried to deal with the challenges brought by the drug addiction, and where strength and support were drawn from to survive this terrible tragedy, are all different.

To draw the reader into the world of those affected by drug addiction, two poignant poems are cited below. Thus, only from the words spoken by those who have lived through this struggle can we begin to understand and appreciate their stories. The first poem was written by a person addicted to drugs to describe the negative impact of drug addiction on the self.

## Inflicted by Me

Hidden in these walls, bound by addiction  
my insanity threatens to destroy...  
Thriving on poisonous blood filled gorging  
collapsing veins loiter in stale darkness.

Moving beyond realms of childhood dreams  
once welcomed imagination takes hold  
warps visions and creates paranoia...  
I no longer inhale breath of this world.

Walking through hazy days, puking at night  
my weary feet long to lay in the grave  
and extend their steps into the abyss...  
What keeps me here is unknown to the mind.

Lifting the needle one more time, I cry.  
There is no longer ecstasy's feeling.  
No longer do I feel wanted burn.  
I only exist to be a dead slave...  
Addicted to the pain inflicted by me.

Retrieved July 20, 2008, from the World Wide Web:

<http://allpoetry.com/poem/4344539>



The second poem is about the perils of drug addiction, written by a mother whose child got entangled in the seductive world of drugs. In this poem, the child is the “dragon” and the drugs are referred to as the “tiger”.

### **The Year of the Dragon**

Beautiful and bright was the young Dragon.  
Capable and caring, sensitive but strong,  
the life of the young Dragon couldn't go wrong.  
Upright and steadfast, courageous with might,  
who knew the Dragon would get lost in the night.

For the Dragon met Tiger, who lured him away,  
into the jungle of life's tumultuous way.  
Down the path of destruction, sorrow and woes,  
down the path of seduction, deceit and morose.

The Tiger made promises which led Dragon astray,  
away from his mother, siblings and wife,  
away from the people who'd given him life.  
Deep into the jungle Dragon followed Tiger.  
Farther off the path of the good life,  
deeper on the road of sorrow and strife.

And when the Dragon was broken, desolate and alone,  
looking through bars at the life that he'd known,  
Tiger smiled and nodded his head,  
for the beautiful Dragon was standing alone,  
far from his life, his family and home.

But Tiger underestimated the Spirit of love,  
looking out for Dragon from high up above.  
Spirit opened doors by providing the keys,  
all Dragon had to do was reach for these.

Be strong Young Dragon, do what you must,  
before vicious Tiger, turns you to dust.  
Reject all he offers, come back to the way.  
We're waiting dear Dragon, please join us today.  
Come back from the jungle, the Tiger and harm.  
We're waiting dear Dragon, with wide-open arms.  
The path will be twisted, and hardships abound,  
with determination as your companion,  
you'll gain the high ground.

Your new life awaits you, grab on and demand,  
that the Tiger who holds you, desist and disband.  
Shuck off your demons, dig deep down inside,  
and know that the Spirit has nothing but pride.

Pride for the Dragon who was led astray,  
because Dragon has the courage to keep Tiger at bay.

Retrieved July 20, 2008, from the World Wide Web:

<http://www.familyfriendpoems.com/family/poetry.asp?poem=417>

## ***Themes***

The story told by each participant is in a way similar to the role that an actor plays in a theatrical performance. All the different stories that are told by the participants taking part in this study resemble different perspectives on the same issue. In this instance, the “community of voices” all speak about their own experiences regarding the development, the reverberating impact, the mobilising force and the cause of drug addiction within their system of relatedness.

From each participant’s story the most prominent themes which characterised the experience being narrated, were identified. The similarities and differences amongst each participant’s inferred themes will also be discussed. Consequently, all the themes will be integrated into a meaningful whole, to provide the reader with an in-depth understanding of the human experience from a variety of perspectives. The manner in which the different themes underlying each participant’s story were integrated into a coherent whole that represent a “community of voices” is illustrated by Table 4.1 (overleaf).

The following main themes were extracted:

- Theme one: Initial reactions to Andrew’s drug addiction.
- Theme two: Life changes experienced due to Andrew’s drug addiction.
- Theme three: Support
- Theme four: Meaning attributed to Andrew’s drug addiction.

Table 4.1: Integration of Themes

LAUREN	Individual Themes	Main Themes
	Suspicion confirmed	Theme One: Initial reactions to Andrew's drug addiction
	Finding out	
	Reverberating impact	Theme Two: Life changes experienced due to Andrew's drug addiction
	Pillars of strength and support	Theme Three: Support
	Blame	Theme Four: Meaning attributed to Andrew's drug addiction
DAVID	Individual Themes	Main Themes
	Illumination of the truth	Theme One: Initial reactions to Andrew's drug addiction
	Regret	
	Domino effect	Theme Two: Life changes experienced due to Andrew's drug addiction
	Where to draw strength from?	Theme Three: Support
	Who's at fault?	Theme Four: Meaning attributed to Andrew's drug addiction

Table 4.1 (continued...) Integration of Themes

KATIE	Individual Themes	Main Themes
	Spilling the beans	Theme One: Initial reactions to Andrew's drug addiction
	Sharing the load	Theme Two: Life changes experienced due to Andrew's drug addiction
	Tapping into supportive systems	Theme Three: Support
	Looking for answers	Theme Four: Meaning attributed to Andrew's drug addiction
ANDREW	Individual Themes	Main Themes
	Coming clean	Theme One: Initial reactions to Andrew's drug addiction
	After shock	Theme One: Initial reactions to Andrew's drug addiction
	Avalanche	Theme Two: Life changes experienced due to Andrew's drug addiction
	Life support	Theme Three: Support
	Pointing the finger	Theme Four: Meaning attributed to Andrew's drug addiction

Table 4.1 (continued...) Integration of Themes

EMMA	Individual Themes	Main Themes
	Discovering the truth	Theme One: Initial reactions to Andrew's drug addiction
	Disbelief	
	Ripples of change	Theme Two: Life changes experienced due to Andrew's drug addiction
	Accepting the plea for help	Theme Three: Support
	Growth and learning	
	Causes	Theme Four: Meaning attributed to Andrew's drug addiction
SOPHIA	Individual Themes	Main Themes
	The bomb is dropped	Theme One: Initial reactions to Andrew's drug addiction
	If only things were different	
	Harsh realities	Theme Two: Life changes experienced due to Andrew's drug addiction
	Giving and receiving assistance	Theme Three: Support
	Reasons	Theme Four: Meaning attributed to Andrew's drug addiction

## ***Collaborative Data***

When an audience attends the theatre, a programme is usually handed out before the play commences. This programme provides the audience with a description of the different characters involved in the story and it also informs the audience about the story's plot. Therefore, the programme provides the audience with "inside information" as to what the theatre piece is about in order for them to appreciate the performance thereof. During the actual play, the audience is able to connect the data supplied by the programme with the performance of the story to further enhance their understanding. In particular, the "programme" handed to the reader of this dissertation provides rich descriptions from various collaborative sources. As such, the themes extracted from the participants' stories are contextualised by the literature study, a description of the family and its members, the chronological event chart, the various genograms, as well as the eco-map.

## ***Familiarisation.***

Before launching into the intricate dynamics of the specific system of relatedness that has become the focus of this dissertation, it is necessary to become familiar with the family as a whole and its members in particular. The following individuals have been selected to participate in this study, as they occupy the most central positions within their respective interactive system:

- Andrew (youngest sibling and drug addict)
  - Lauren (mother)
  - David (father)
  - Katie (eldest sibling)
- } Members of the Joubert family  
(nuclear family)
- 
- Emma (maternal grandmother)
  - Sophia (maternal aunt)
- } Members of the extended family

A brief summary is given below to place the participants or family members within their context of living:

The Joubert family is made up of five members. The parents are David and Lauren and they have been married for 35 years. Together they have three children, namely Katie and Tim, who are twins, and Andrew, who is the youngest sibling (and a drug addict). Katie and Tim are 34 years old, whereas Andrew recently turned 27.

David was a teacher for many years. But he is now retired and on pension. Lauren was a secretary at one of the local universities. She too went on pension rather recently. Both Katie and Tim followed in the footsteps of their parents. Tim studied education just like his father, and Katie opted for the secretarial route just like her mother.

When the twins were born, they happened to be the first grandchildren in the entire family. As a result, they received lots of attention from everyone. When Andrew was born seven



years later, he did not receive the same kind of welcoming into the family as he already had a few cousins in the broader family.

Katie and Tim were like miniature versions of their parents. Not only did they follow the same career paths as their parents, but they were also very similar to their parents in terms of behavioural styles and thinking styles. In particular, Katie shared a close bond with her mom, whereas David and Tim seemed to have the ideal father and son relationship.

To the disappointment of his parents, Andrew was nothing like the rest of the family. As a result, he was often treated like an outsider, especially by his father and siblings. It seems that Lauren had a soft spot for Andrew and that she tried desperately to shield him from his father and from the world. Yet since childhood, Andrew was such a busy little boy. Whenever something went wrong, he was immediately blamed. Subsequently, he was labelled as the black sheep of the family.

When Andrew's drug addiction came to light, his father and the twins immediately withdrew from him. Perhaps Andrew expected such a response from his father, but it seemed as if he was shocked by Tim's reaction. Andrew had always looked up to Tim as some sort of role model. So when Tim turned his back on Andrew it was as if the rug had been pulled away from under him. This severed relationship still continues today and perpetuates Andrew's feelings of rejection even further.

David and Lauren recently moved to another city as they finally found themselves in the position to build a new home from scratch. When they first spoke about moving, they planned to take Andrew with them and away from all the temptations and bad memories of the city. Yet they never expected that he would end up in prison, with a heavy sentence of thirteen years.

Emma and Sophia are members of the extended family. However, they are included in this study because these two women have been mobilised around Andrew's drug addiction in a supportive capacity.

As the maternal grandmother, Emma is the head of the entire family of four generations. She and her husband have been involved in the fight against Andrew's drug addiction ever since it had come to light. Even after her husband lost his battle against cancer, Emma continued to be a source of support to the Joubert family. In a similar fashion, Sophia also stood by the Joubert family, especially her twin sister Lauren, throughout this entire ordeal.

The stories of these two women add another dimension to this family drama as they have had a "bird's eye view" of how a problem-determined system organised around the problem of drug addiction.

## ***Genograms.***

The genograms provided below highlight the different interactional patterns in the system of relatedness within which the problem of drug addiction developed. As will be clear, specific patterns of behaviour can be identified that might be influencing or driving the problematic behaviour of drug addiction.

Figure 4.1 (on page 76) describes the family organisation, interactional patterns and relationships while Andrew was growing up. Figure 4.2 (on page 77) illustrates the current family configuration and also depicts how relationships have changed since Andrew's drug problem began. Figure 4.3 (on page 78) shows the entire system of relatedness within which the participants interact. As such, the positioning of the Joubert family and those members of the extended family who became involved in a supportive capacity, is pointed out relative to their context of living.

The following symbols are used to construct a genogram and to highlight the specific interactional patterns between and amongst family members:



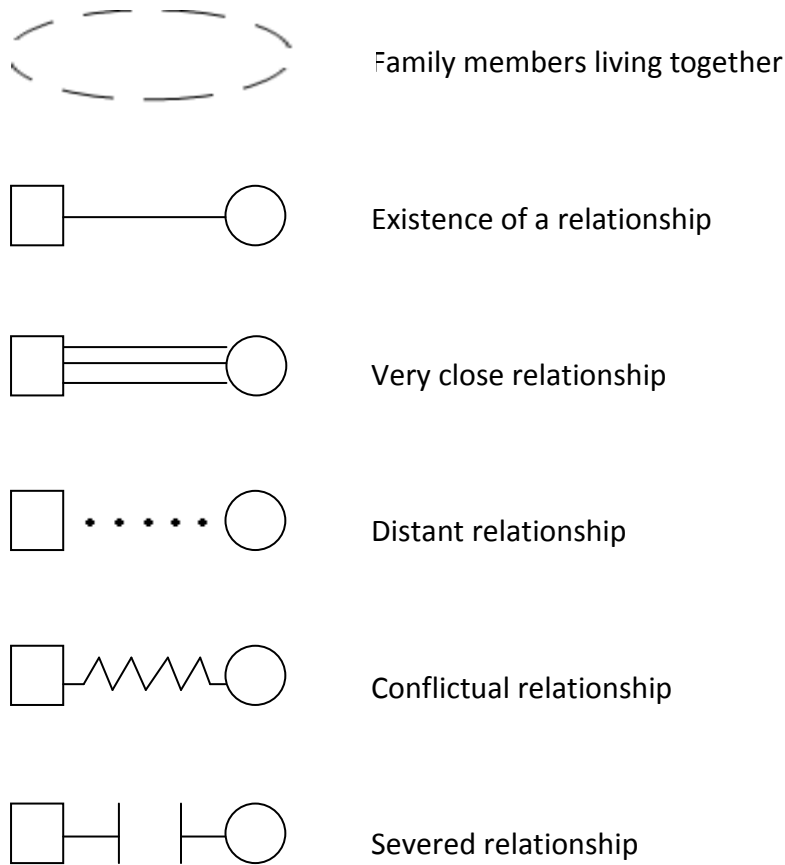
Male



Female



Death of individual



The following inferences can be made about the relationships amongst the Joubert family members by referring to Figure 4.1 (on page 76) and Figure 4.2 (on page 77):

From Figure 4.1 it seems that before Andrew' drug addiction came about, the relationships amongst most members of the immediate family members were much closer. In particular, Lauren was close to her husband, the twins and Andrew. David was also close to his wife and the twins. The twins shared a close connection with each other, and Tim was also much closer to Andrew than Katie was. At that time, Andrew and his father already had a distant but conflicted relationship.

However, from Figure 4.2 it appears that during and after Andrew's drug addiction came to light, the relationships between the members of the Joubert family underwent significant recalibration. As a result, the distance and conflict between David and Andrew increased significantly, Lauren and David grew more and more estranged from each other, and the once close relationship between Tim and Andrew became only a vague memory. The only relationship that seemed constant throughout the various obstacles thrown at this family was the over-involved and enmeshed relationship between Lauren and Andrew. It appears that Lauren always had a soft spot for Andrew and that she continuously shielded him from others. When his drug problem became public, she also tried to shield him from the reactions of his father and siblings.

In general, the Joubert family seems to be a relatively closed system as the concept of individual difference is not readily accepted. The twins and their parents were always very much alike in terms of preferences, thinking styles and behaviour. As such, the twins never posed a threat to the stability of their immediate family. Therefore, the attempt of the twins to progress from being undifferentiated members of the immediate family towards becoming fully functioning individuals within their own families, was not opposed. But as a person, Andrew personified the epitome of difference, as his thinking and general approach to life did not fit the mould of his family of origin. Subsequently, he became an outsider to his own family as he simply did not fit in. Perhaps this manner of cutting off an individual's membership to the family is the way in which the Joubert family dealt with the difference that they perceived as threatening to their rigid stability. Yet when the difference that Andrew brought became too much (drug addiction), the result was a cut-off between other

family members too! Tim completely left the field of the immediate family, David and Lauren drifted apart, and the relationship between Andrew and the twins and between Andrew and his father became non-existent. In this manner, the overwhelming difference that Andrew brought to his rigid family system was reframed as deviance and clearly not accepted.

Similarly, Andrew's addiction to drugs also provided him with a pseudo-form of differentiation. Andrew was free to do whatever he wanted, regardless of the consequences and could not be blamed for it because of his drug addiction.

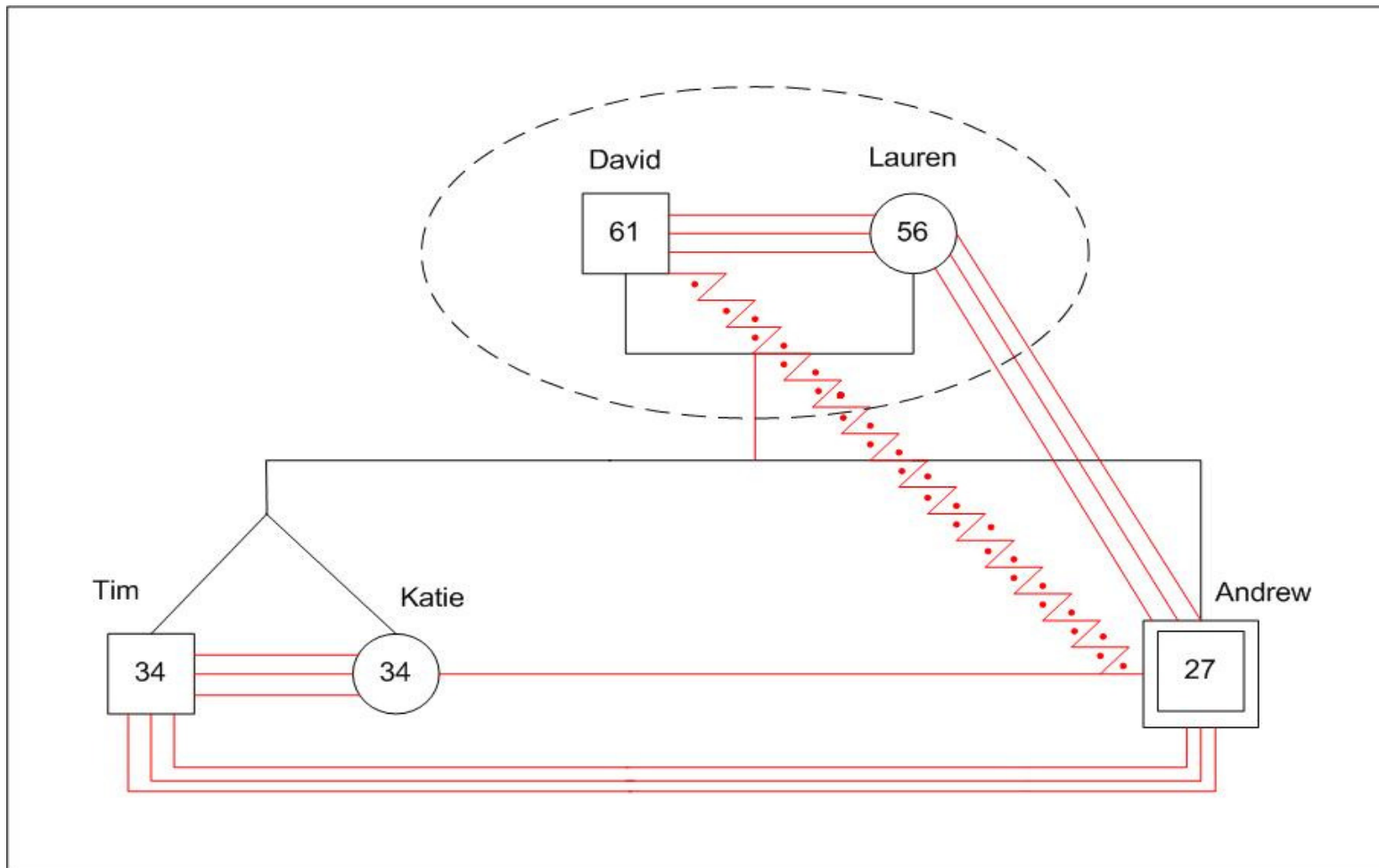


Figure 4.1: Joubert Family Genogram (when Andrew was growing up)

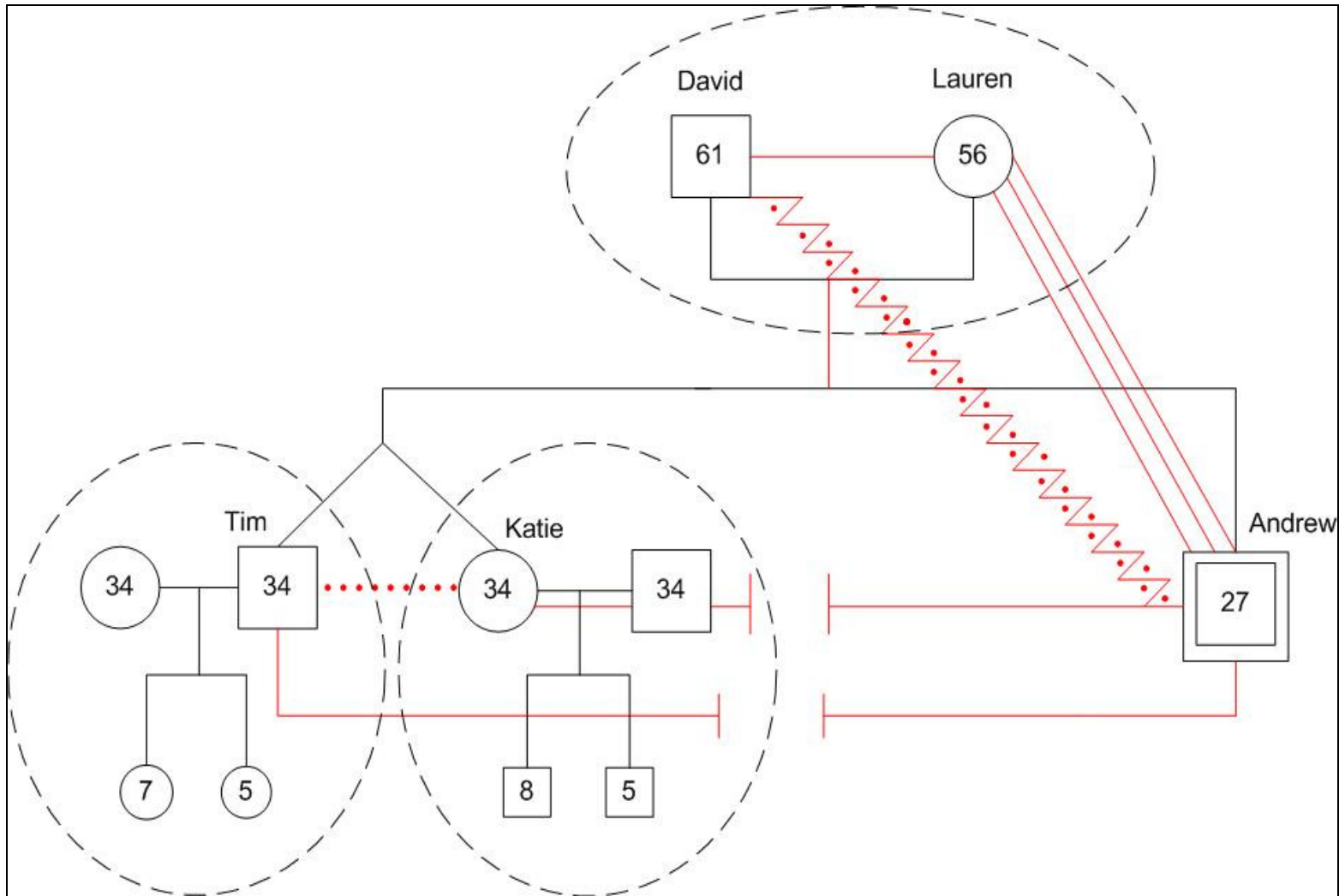


Figure 4.2: Joubert Family Genogram (current configuration)



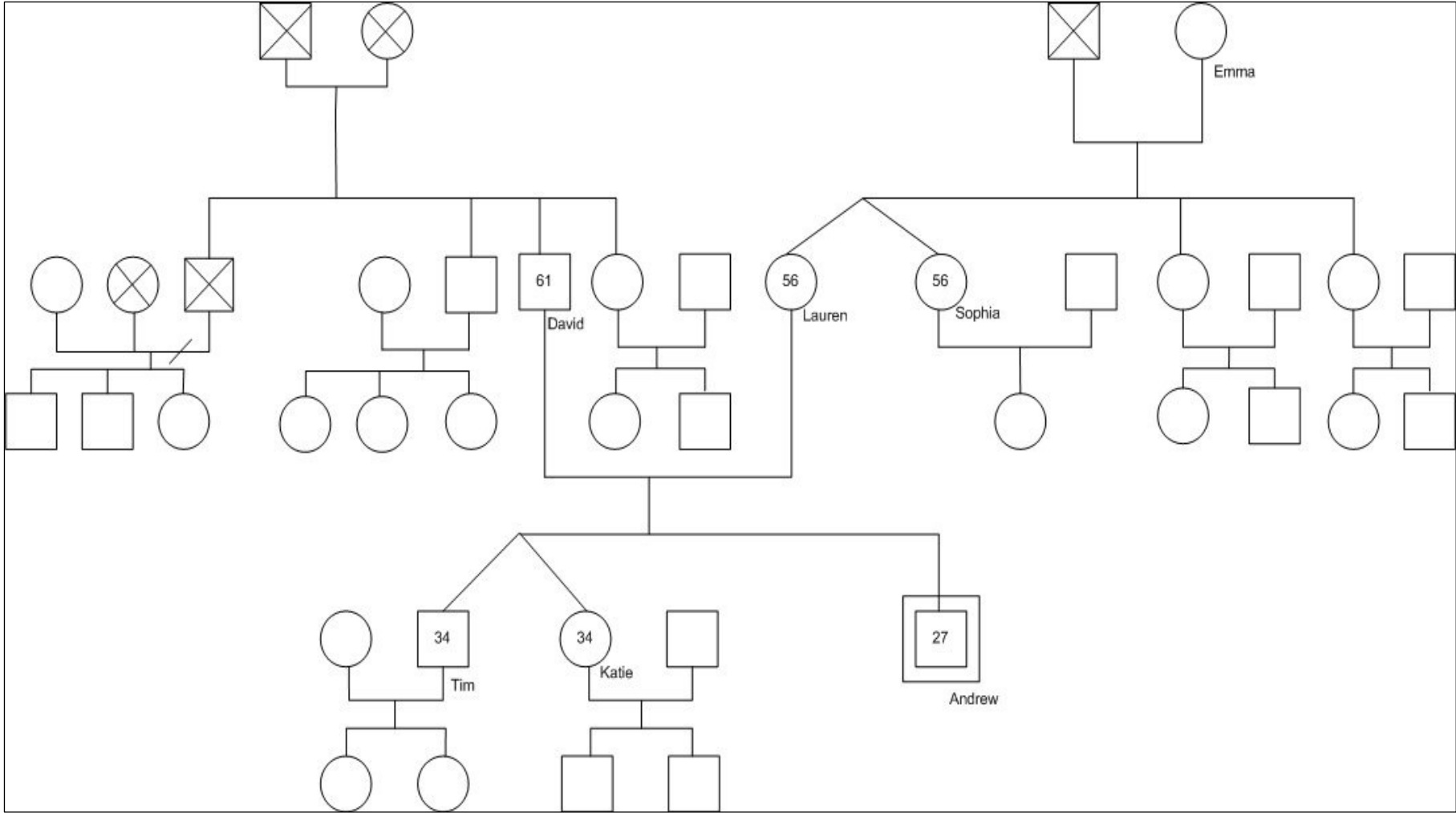


Figure 4.3: Genogram of Entire System of Relatedness

### ***Ecological considerations.***

According to Becvar and Becvar (2006), the eco-map provides a look at the relational interaction, in terms of significant nurturant and conflict-laden connections, between the family and its environment. This manner of contextualising the family subsystem in its life situation is illustrated by Figure 1.1 (on page 7) in terms of the different levels of a problem-determined system.

The following supportive as well as stressful relationships between the Joubert family and the environment are depicted in Figure 4.4 (on page 82):

- A strong relationship exists between the Joubert nuclear family and their extended family. In particular, Emma (the maternal grandmother) and Sophia (a maternal aunt) have become mobilised around the problem of Andrew's drug addiction in a supportive capacity. Yet these two women have also been affected by the reverberating impact of Andrew's drug addiction throughout their involvement.
- A stressful relationship exists between the Joubert family and the legal system. Andrew's drug addiction and subsequent behaviour often clashed with the law. He was frequently arrested by the police and sent to prison for short periods of time.
- A stressful relationship also exists between the Joubert family and the rehabilitation facilities that Andrew was sent to. Andrew often ran away from these facilities and so did not complete the programmes successfully. It seems that Andrew was not fully committed to these interventive attempts at overcoming his drug problem.

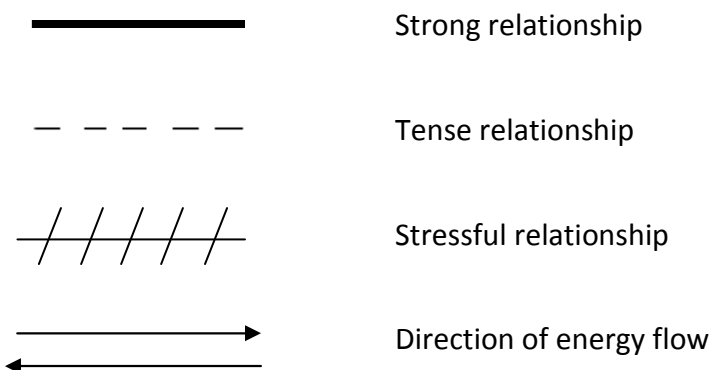
- There exists a stressful relationship between the Joubert family and correctional services. Andrew was frequently arrested and sent to prison for short periods of time. Now he has been sentenced to thirteen years in prison due to his frequent parole violations and continued instances of theft, drug possession and fraud.
- There also exists a stressful relationship between the Joubert family and Andrew's membership to particular social groups. The friends that he had made all use drugs, and Andrew's continued interaction with these friends prevented him from overcoming his drug problem.
- The relationship between Lauren and her place of work has become increasingly tense over time. Since Andrew's drug problem started, Lauren had to take time off from work on a continuous basis. She often had to leave work to bail Andrew out from jail, to attend his court hearings or to fetch him off the streets.
- A strong relationship exists between Lauren and the medical system. At one point, Lauren was admitted to the Vista Clinic in Centurion as the impact of Andrew's drug addiction became too much for her to handle.
- There exists a strong relationship between the Joubert family and two particular support groups. Both Lauren and David received immense support and guidance from the Tough Love group as well as from the Caring group.
- A strong relationship also exists between the Joubert family and their religious institution. Lauren and Katie both drew support from God during their time of need. Andrew also rekindled his relationship with God and feels much stronger and supported as a result thereof.

- A strong relationship exists between the Joubert family and the drug culture, as it has had an immensely stressful impact on each family member over time.

Andrew's drug addiction had far-reaching consequences, not only for him, but also for everyone else involved. The immediate family did not remain untouched by the drug culture and the friends that Andrew was involved with. Even Lauren's work situation became more and more stressful as she constantly had to take time off from work to take care of Andrew. This ripple effect of drug addiction is illustrated by Figure 2.3 (on page 31).

As a result of the reverberating impact of Andrew's drug addiction on all those involved, various subsystems were mobilised in an attempt to support the Joubert family and to intervene in Andrew's drug problem. The extended family, the legal system, rehabilitation facilities, correctional services, the medical system, support groups and a religious institution were all called upon in a supportive capacity. This mobilising force of drug addiction is illustrated by Figure 2.4 (on page 31).

The following symbols were used to denote the specific relational dynamics:



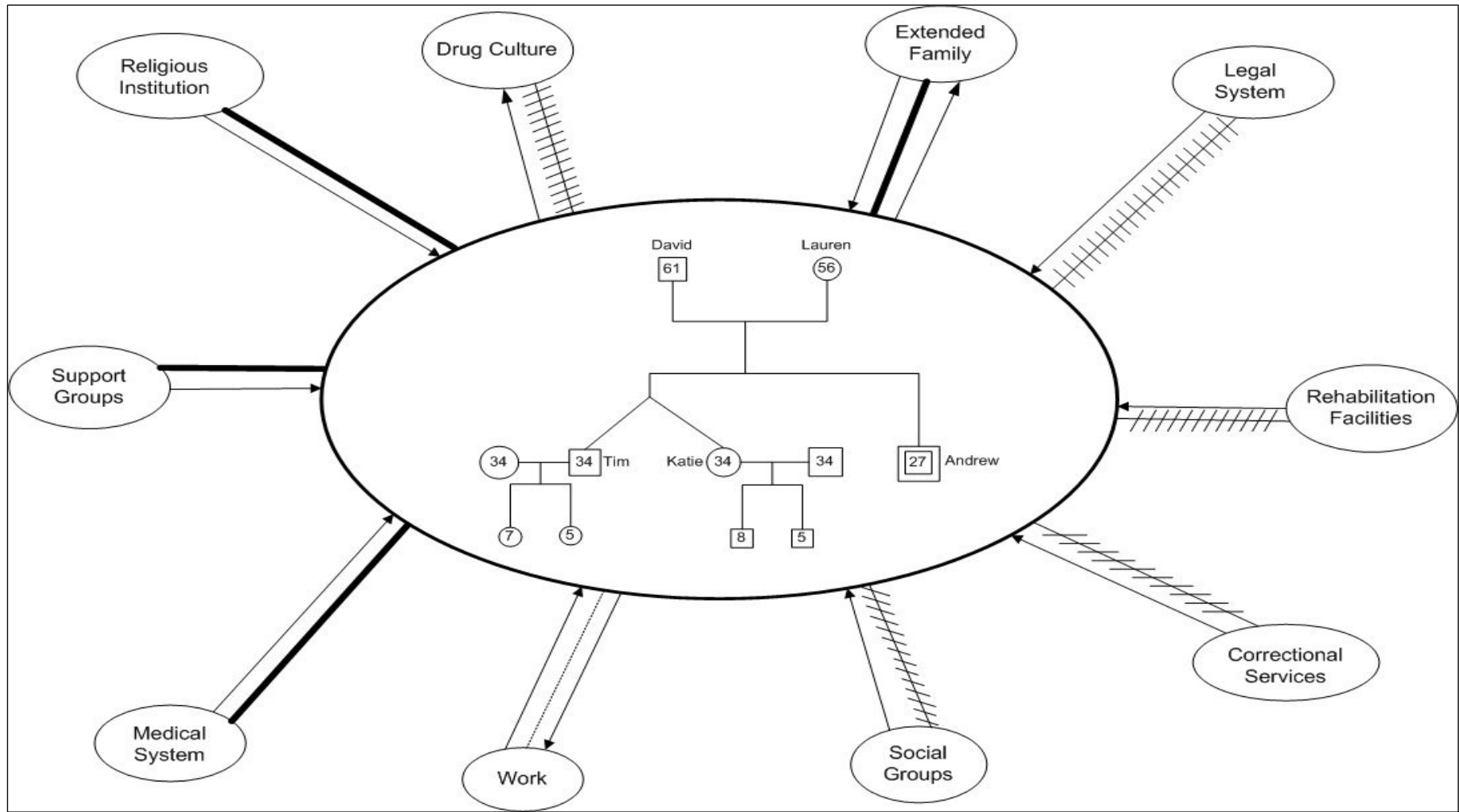


Figure 4.4: Joubert Family Eco-Map

### ***Family chronology.***

The chronological event chart was used to construct a time-line of significant events that took place within Andrew's entire system of relatedness. These events might have shaped Andrew's life as well as the lives of all those involved. In particular, Table 4.2 (below) describes the family chronology over time.

*Table 4.2: Significant Events*

<b>DATE</b>	<b>EVENT</b>
<b>1975</b>	Tim and Katie are the first grandchildren born into the family.
<b>1987 – 1997</b>	Conflict often erupted between Andrew and his cousins or siblings during family get-togethers. Andrew was mostly blamed and labelled as the black sheep of the family.
<b>1995</b>	Andrew contemplates suicide and takes his father's handgun to school. Sophia tells Andrew's parents to take him to therapy. He only attended one session.
<b>1998</b>	Tim gets married and moves out of the family home. Tim and Andrew's relationship starts to deteriorate.
<b>2000</b>	Andrew completes high school to the surprise of many. No plans are made regarding tertiary studies. Only Tim and Katie got to study; Andrew had to find a job.
<b>2001</b>	Andrew is the first grandchild to go overseas. He works in America on a

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turkey farm. When his contract expires he wants to stay on but his parents want him to apply for an extension from South Africa. Nothing came of this once he came home.

**2002** Andrew comes home with lots of money. The whole family agree that this is when Andrew's life started to spiral out of control. Andrew then loses his job. Later that same year, on the same day that Katie's first child is christened, Andrew tells his parents about his drug problem. Andrew's parents hide the truth from the rest of the family.

**2004** Andrew moves in with the woman who had introduced him to drugs. Later that year he shows up uninvited at the christening of Tim's youngest daughter. Again the Joubert family tries to keep up appearances. Months later Andrew is sent to Stabilis rehabilitation centre. The day before completing his rehabilitation programme, Andrew finds out that his girlfriend is pregnant with his baby. He then runs away from Stabilis.

**2005** Andrew shows up uninvited at his cousin's twenty-first birthday party. His presence causes huge embarrassment for his parents and siblings. He looks thin and unwell. That same year he is sent to Noupoot rehabilitation centre. After a few weeks he runs away to be with his girlfriend when their baby is born. DNA tests then reveal that Andrew is not the baby's father. Later that year he becomes physically violent towards his father. Andrew is then arrested and sent to prison for a few months.

**2006** Andrew's grandfather passes away from cancer. Andrew is in prison at the time. Later that year Andrew steals his parents' car and is sent to prison

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again.

**2007** Andrew is arrested for housebreaking. He is again sent to prison for a few months.

**2008** Andrew moves in with his new girlfriend. Later that year he is admitted to hospital after being stabbed repeatedly by his new girlfriend. He is arrested again and sent to the South African Timber Juvenile centre. After a few weeks he runs away. He is rearrested and kept in prison to await his trial.

**2009** Andrew's cousin gets married. This is the cousin that he was often compared to while growing up. Later that year he is sentenced to thirteen years in prison. Andrew's parents move to another city and Lauren retires.

### ***Presentation of Themes***

It is noteworthy to mention that Tim had decided not to take part in the research. It seems that the issue of his brother's addiction to heroin and the subsequent impact thereof on all those concerned, is far too sensitive for Tim to speak about and share with others.

As already explained, the hermeneutic approach was used to analyse the content of the transcribed interviews. The result of this analysis was that the following four themes emerged:

- Theme one: Initial reactions to Andrew's drug addiction.
- Theme two: Life changes experienced due to Andrew's drug addiction.



- Theme three: Support.
- Theme four: Meaning attributed to Andrew's drug addiction.

These themes allow the reader to form a clear picture of the problem-determined system that formed and developed around the problem of Andrew's drug addiction. Each theme is supported by a table that summarises the participant's responses in relation thereto and is followed by a discussion of the similarities and differences amongst these varied responses. Within the section entitled "Integration of Results", the themes are supported by quotes and excerpts taken from the interviews with the participants, and discussed in relation to the literature study and data obtained from collaborative resources.

### ***Theme One: Initial reactions to Andrew's drug addiction.***

The first theme contains all the initial reactions experienced by the participants shortly after Andrew's drug problem was exposed. Moreover, Andrew's reaction to the responses from his family is also included here.

For pragmatic purposes, this theme was sub-divided into affective reactions, cognitive reactions and behavioural reactions. Table 4.3 (on page 89) denotes the types of reactions and the actual reactions experienced by each participant.

### **Affective reactions**

Lauren, David, Katie, Emma and Sophia all reported experiencing shock. Both Lauren and David reported experiencing devastation, helplessness and guilt. Yet Lauren and David also felt relieved as they reported how the puzzle pieces fell into place at that moment.

Emma was the only participant to report feelings of utter disbelief, and Katie was the only participant who reported that she was not surprised by the news of Andrew's drug addiction as she had all along been suspecting that something was wrong with Andrew.

Andrew reported feeling embarrassed and sad when he told his family about his drug problem.

### **Cognitive reactions**

In response to the news of Andrew's drug addiction, David and Lauren both blamed themselves and tried to make sense of the situation. Both Emma and Sophia report that they also blamed David and Lauren for Andrew's drug problem.

When Katie heard about Andrew's drug addiction, she blamed him for it, while Andrew also reported that he only had himself to blame.

## **Behavioural reactions**

Lauren, Emma and Sophia all increased their support for Andrew as they became involved in trying to help him overcome his addiction. Emma and Sophia also extended their support to Lauren and David.

David and Katie reported that the conflict between them and Andrew increased and that they subsequently withdrew from him.

Lauren was the only participant who reported that she shielded Andrew from David and that she actively went about trying to mobilise resources to intervene in Andrew's drug addiction.

In response to his family's reactions, Andrew reported that he sobbed uncontrollably.

Table 4.3: Theme One – Initial Reactions to Andrew’s drug addiction

REACTIONS	PARTICIPANTS’ RESPONSES					
	Lauren (mother)	David (father)	Katie (sister)	Emma (grandmother)	Sophia (aunt)	Andrew (drug addict)
Affective reactions	Shock, devastation, relief (puzzle pieces fell into place), guilt, helpless	Shock, devastation, relief (puzzle pieces fell into place), guilt, helpless	Shock but not surprised, anger (ruined her son’s christening with poor timing)	Shock, disbelief	Shock	Embarrassed, sadness
Cognitive reactions	Blamed self, tried to make sense of situation	Blamed self, tried to make sense of situation	Blamed Andrew	Blamed Lauren and David	Blamed Lauren and David	Blamed himself
Behavioural reactions	Became involved in trying to help Andrew, shielded Andrew from David, mobilised resources	Withdrew from Andrew, increased conflict with Andrew	Withdrew from Andrew, increased conflict between Katie and Andrew	Became involved in trying to help Andrew and his parents	Became involved in trying to help Andrew and his parents	Sobbed uncontrollably

## ***Theme Two: Life changes experienced due to Andrew's drug addiction.***

This theme characterises all the changes that resulted in the family from the impact of Andrew's drug addiction. Also included in this theme are the changes that took place in Andrew's own life as a result of his drug addiction.

For pragmatic purposes, this theme was sub-divided into emotional changes, identity changes, occupational changes, family relationship changes and financial changes that came about as a result of Andrew's drug addiction. Table 4.4 (on page 93) denotes the types of change and the actual changes experienced by each participant.

### **Emotional changes**

Lauren and David reported that they felt helpless, guilty and overwhelmed by Andrew's drug addiction. Emma and Sophia reported that they felt overwhelmed by the extent of their involvement.

Both Lauren and Andrew reported that they both felt utterly alone during this time.

Katie was the only participant to report that she felt tied-down by her responsibilities toward her own family, and that she was subsequently rather uninvolved in Andrew's problems. Andrew reported that he felt anger towards his family.

### **Identity changes**

Lauren, David and Andrew reported that they thought of themselves as failures. Lauren felt that she had failed as a mother and David felt that he failed as a father.

Andrew reported that he was labelled as the black sheep of the family when his drug addiction became public. David was the only participant to report that he was embarrassed by Andrew.

### **Occupational changes**

Lauren reported that her occupational situation had become stressful as she repeatedly had to take time off from work as a result of Andrew's drug addiction. She often had to attend court hearings when he had been arrested. Andrew reported that he had lost his job as a result of his drug addiction.

### **Relationship changes**

Lauren, David, Katie and Andrew all reported that there was much more conflict between the family members. David and Lauren reported that communication within the family had become constrained.

Emma and Sophia reported that they became much closer to the members of the Joubert family as a result of their involvement. Katie was the only participant to report that she visited her parents less because Andrew was there.

Both David and Katie reported that their individual relationships with Andrew had become much more distant. Andrew confirmed their responses by saying that they had started drifting apart. Lauren reported that she and David were also drifting apart.

### **Financial changes**

Both Lauren and David reported having less money available to them as their money, vehicle and other assets were stolen by Andrew when he needed money to buy drugs. Emma reported that her financial situation was stable, despite the fact that she and her husband paid for Andrew's rehabilitation at the Noupoot centre.

Andrew reported that his financial situation had been strained for a long time. As a result, he often stole from his parents because he had no source of income.

Table 4.4: Theme Two – Life Changes Experienced due to Andrew’s Drug Addiction

LIFE AREA	PARTICIPANTS’ RESPONSES					
	Lauren (mother)	David (father)	Katie (sister)	Emma (grandmother)	Sophia (aunt)	Andrew (drug addict)
Emotional	Helpless, alone, overwhelmed, guilt	Helpless, uninvolved, guilt	Tied down (responsible for own family too), uninvolved	Overwhelmed by involvement	Overwhelmed by involvement	Anger towards family, lonely
Identity	Failure as mother and parent	Embarrassed by Andrew, failure as father and parent	Not applicable	Not applicable	Not applicable	Failure , blamed by all (labelled as black sheep)
Occupational	Stressful (takes off work to help Andrew)	Not applicable	Not applicable	Not applicable	Not applicable	Lost his job



Table 4.4 (continued...) Theme Two – Life Changes Experienced due to Andrew’s Drug Addiction

LIFE AREA	PARTICIPANTS’ RESPONSES					
	Lauren (mother)	David (father)	Katie (sister)	Emma (grandmother)	Sophia (aunt)	Andrew (drug addict)
Relationships	Conflict between family members, strained communication, Lauren increased her involvement in Andrew’s life, David and Lauren drifted apart	Conflict between family members, strained communication, distant relationship between David and Andrew	Conflict between family members, visited parents less, distant relationship with Andrew	Became closer to Joubert family	Became closer to Joubert family	Conflict between family members, drifted apart from David and Katie
Financial	Less money available (stolen by Andrew)	Less money available (stolen by Andrew)	Not applicable	Stable, paid for Andrew’s rehabilitation	Not applicable	Strained, no income, stole from parents

### ***Theme Three: Support.***

The theme of support encompasses the various types of support the participants mobilised around the problem of Andrew's drug addiction. In particular, the support the participants received, gave and did not receive is highlighted.

For pragmatic purposes, this theme was sub-divided into the support given, the support received, the support that was of instrumental importance, as well as the much needed support that was not provided. Table 4.5 (on page 97) denotes each participant's unique experience in terms of support.

#### **Support given**

Emma, Sophia, Katie and Lauren reported that they extended emotional support to Andrew and prayed for him often. Emma, Sophia and Katie also emotionally supported and prayed for his parents, Lauren and David.

Lauren, David and Emma reported that they financially supported Andrew. Andrew reported that he tried to support his girlfriend to overcome her own addiction to drugs.

## **Support received**

All the participants reported that they received support from God and from various other family members.

Lauren, David and Andrew reported that they received support from their local pastor and from each rehabilitation centre that they came in contact with. Lauren and David also reported that they received support from the Tough Love group, the Caring group (church), police members and the courts.

Lauren was the only participant to report that she received support from the Vista Clinic during her time of need.

## **Instrumental support**

Lauren, Katie and Emma reported that they received much needed strength from God, and that their faith had made a fundamental difference in their lives, at a time when they needed it the most.

## **Support not received**

Andrew reported that he did not receive the support that he desperately needed from his father, David or from the twins, Katie and Tim.

Table 4.5: Theme Three – Support

SUPPORT	PARTICIPANTS' RESPONSES					
	Lauren (mother)	David (father)	Katie (sister)	Emma (grandmother)	Sophia (aunt)	Andrew (drug addict)
Given	Financially and emotionally supported Andrew, prayed for him too	Financially supported Andrew	Prayed for parents and Andrew, emotionally supported parents	Prayed for Andrew and his parents, emotionally supported Andrew and his parents, financially supported Andrew	Prayed for Andrew, emotionally supported Andrew and his parents	Tried to help girlfriend overcome drug addiction
Received	God, Tough Love group, Caring group (church), local pastor, Vista clinic, courts, police, family members	Tough Love group, Caring group (church), local pastor, courts, police, family members	God, family members	God, family members	God, family members	God, family members, local pastor, rehabilitation centres

Table 4.5 (continued...) Theme Three – Support

SUPPORT	PARTICIPANTS' RESPONSES					
	Lauren (mother)	David (father)	Katie (sister)	Emma (grandmother)	Sophia (aunt)	Andrew (drug addict)
Instrumental support	Strength from God	None	Strength from God	Strength from God	None	None
Support not received	None	None	None	None	None	Did not receive support from father or twins

#### ***Theme Four: Meaning attributed to Andrew's drug addiction.***

Each participant had their own beliefs as to why Andrew became addicted to drugs. Andrew's own perspective is also included here and juxtaposed against the perspectives of his family. The beliefs expressed by each participant are denoted in Table 4.6 (on page 101).

Lauren, David, Katie and Andrew reported that the blame solely fell on Andrew. Emma reported that Lauren, David and Andrew were to blame. Sophia reported that Lauren and David were the only ones to blame.

The following causes or catalysts are mentioned by the participants as contributing factors to the development of Andrew's drug addiction:

Lauren, David, Andrew and Emma reported that Andrew's having too much money and freedom, having the wrong friends and desperately wanting to fit, were factors that might have played a role.

Lauren, Sophia and Andrew reported Andrew's low self-esteem as a possible factor.

Emma and Sophia reported Andrew's being compared to his siblings, his lack of support and involvement by his parents, as well as his not being accepted. Katie and Andrew reported wanting to belong and loneliness. David and Sophia reported Tim's leaving home and

suppressing emotions. Lauren and David reported Andrew's rebellious and stubborn nature. David and Katie reported the age gap between Andrew and the twins.

Katie was the only participant that reported Andrew's wanting to impress people, wanting to be popular and refusing the assistance of others as possible catalysts. Sophia reported his parents failing to pick up on warning signs. Emma reported his always being blamed. David reported Andrew's not abiding by rules and being unhappy. Andrew reported using drugs to feel better and to forget about the rejection received from his family.

Table 4.6: Theme Four – Meaning Attributed to Andrew’s drug addiction

DRUG ADDICTION	PARTICIPANTS’ RESPONSES					
	Lauren (mother)	David (father)	Katie (sister)	Emma (grandmother)	Sophia (aunt)	Andrew (drug addict)
Causes	Andrew’s low self-esteem, wanting to fit in, wrong friends, too much money and freedom, rebellious and stubborn nature	Andrew’s wanting to fit in, wrong friends, too much money and freedom, rebellious and stubborn nature, suppressing emotions, unhappy, not abiding by rules, age gap between twins and Andrew, brother leaving home	Andrew’s wanting to impress people, wanting to be popular, wanting to belong, loneliness, age gap between twins and Andrew, refusing help	Andrew’s always being blamed, compared to siblings, lack of support or involvement from parents, too much freedom and money, wanting to fit in, wrong friends, not being accepted	Andrew’s suppressing emotions, low self-esteem, compared to siblings, not being accepted, lack of support or involvement from parents, brother leaving home, parents failing to pick up on warning signs	Trying to fit in, wanting to belong, used drugs to feel better and forget rejection, loneliness, wrong friends, low self-esteem, too much money and freedom
Sources of blame	Andrew	Andrew	Andrew	Andrew, but mostly parents	Parents	Self and nuclear family



## ***Integration of Results***

The following is a discussion of the themes in relation to the literature study and collaborative resources. The themes extracted from the interviews conducted with each participant, were integrated into four main themes that together represent a “community of voices”. These main themes are “plumped up” into more meaningful descriptions of how a problem-determined system formed around a case of drug addiction.

### ***Theme One: Initial reactions to Andrew’s drug addiction.***

Andrew’s drug addiction sent shock waves through the foundation of his family. Each family member reacted differently to the news. Some were so overwhelmed by the enormity of the situation that they distanced themselves from Andrew. Others became much more involved than before so as to help him overcome his drug addiction.

David remembers the day that Andrew told him and Lauren about his drug problem. He felt completely helpless as the head of his family. Yet he also felt relieved, as Andrew’s strange behaviour made sense now.

Emma depicts David’s reaction to the news of Andrew’s drug problem somewhat differently. In particular she recalls:

*“His father was definitely shocked. Maybe he thought it could never happen to his family. I think he was also embarrassed and angry at Andrew for tainting their beautiful family.”*

As a much older woman, Emma’s reaction was that of pure disbelief at the news of Andrew’s drug addiction. She explains:

*“There had never been anything like this in our entire family. There has never been a thought in my mind that anyone in the family, let alone one of the grandchildren, might become involved with drugs.”*

Yet it seems that Emma was also deeply disappointed when she learned about Andrew’s drug problem because he is the only grandchild that carries her husband’s name. Perhaps she feels that Andrew dragged her husband’s legacy through the mud.

Lauren remembers how Andrew sobbed uncontrollably when he told her and David that he had a drug problem and that he had thrown his life away. Yet as soon as they could muster the courage, Lauren and David also told the twins.

Katie and Tim found out about Andrew’s drug problem on the on the very same day that Katie’s firstborn son was christened. She remembers feeling furious at Andrew for deciding to drop the bomb about his drug addiction on her special day. Yet she was not completely surprised by the news as she had been suspecting that something was wrong all along.

Andrew recalls that Katie and Tim distanced themselves from him when they found out about his drug problem. He goes on to say that:

*“What I needed most at that time was support and some form of acceptance. But my brother and sister turned their backs on me and wanted nothing to do with me. I understood that they were both married and had children of their own. I guess they feared for the safety of their kids. But I needed them. Sometimes family is all you have. But I felt very much alone in this world. Yet this was how it had always been for me. It was always me against the world.”*

Andrew still struggles to come to terms with his brother’s enduring distance. He says:

*“I think he is still too angry about the hell I put my parents through. So we hardly have any contact. That is especially hard for me to come to terms with, because there was a time when I looked up to him. He was my hero when I was little.”*

It was only Lauren that remained a constant figure in Andrew’s life. If it were not for her, this story might have had a completely different ending. Andrew explains:

*“Despite all the disappointment she must have felt, she was always there for me. I knew that no matter how bad things got or how badly I let her down,*

*that she would always be there for me. That is what I held onto in the darkest of times.”*

The very moment that Andrew’s drug addiction was made public signifies a pivotal point in the history of this family drama.

This point in time marks the exact moment when a problem-determined system formed around the issue of Andrew’s drug addiction. This was the moment when all the members of the immediate family agreed through their languaging that Andrew’s drug use was in fact a problem. This view is also advocated by Anderson, Goolishian and Winderman (1986), as they argue that problems emerge from the local, collaborative, collective and communicated decisions that there is a problem.

***Theme Two: Life changes experienced due to Andrew’s drug addiction.***

The reverberating impact of Andrew’s drug addiction was constant and far reaching. Therefore, Andrew’s drug addiction was not only a personal battle, as the impact thereof also spilled over onto the rest of the family, as their lives too were altered beyond recognition. This ripple effect is illustrated by Figure 2.3 (on page 31).

Bowen (1985) argues that members of a family mutually influence one another through a web of interconnection. Thus, a change in the functioning of one family member is followed by compensatory changes in the functioning of other family members, even the

symptomatic ones. As such, the problem of Andrew's drug addiction affects not only him but also everyone else involved.

Yet it did not take too long for Andrew's family to learn that the outside world never stood still for a moment so as to give them time to prepare for the next onslaught. At times they were all completely flooded by the shock-waves of Andrew's drug addiction as life kept on throwing curve balls at them.

Eventually Andrew ended up losing his job, and no matter how much his family tried to help, Andrew never really seemed committed to changing his ways. David recalls:

*"We all tried to help him by doing everything and anything that was humanly possible. But he often abused the goodness of people by manipulating them to get what he wanted. He constantly lied to us all and we could not trust him any longer."*

David remembers how he and Lauren often felt completely powerless and helpless as they tried to help Andrew. His wife and kids often looked up to him as the head of the family, for answers. Yet this time, he had no answers.

As time went on, Andrew became more and more manipulative. But when his manipulative tactics did not work, he often used his aggressive demeanour to get what he wanted. Andrew's life started to spiral out of control and the impact of his drug addiction on the

family became more and more visible. Everyone seemed to be at the end of their tether as every day started and ended with fighting, screaming and yelling. The relationships between other family members started to crack under the heavy weight of Andrew's drug addiction.

The relationship dynamics within the Joubert family were particularly significantly affected. Figure 4.1 (on page 76) illustrates the relationship configuration before Andrew's drug problem began, while Figure 4.2 (on page 77) depicts the relational shifts in response thereto.

David adds:

*"Even my wife and I started drifting apart as we did not always agree on how to handle Andrew's drug problem. We all wanted to help but Andrew ignored everyone's efforts. Things went from bad to worse in an instant."*

Lauren and David often differed when it came to deciding how exactly to help Andrew to overcome his drug addiction. Similar to David, Lauren also agrees that there was a lot of strain on the marriage during this time. She remembers how she often stood alone as she tried to help Andrew get "clean". She goes on to say that:

*"At times I stood completely alone when the others thought my efforts would be in vain. David, Katie and Tim wanted nothing to do with Andrew. Everyone eventually became angry with me because I was always willing to help him."*

*They did not think it was the right thing to do but as a mother I simply could not leave him to his own devices. I did what I had to do and what seemed best at the time.”*

Whenever Katie visited her parents, she noticed the immense challenges they were faced with and how they both blamed themselves. However, at that time Katie had her own family, with lots of responsibilities. Eventually she and her children no longer visited her parents when Andrew was there. She explains:

*“My two little boys often saw how Andrew spoke to my parents and how aggressive he became. Things were really getting out of hand and I had to protect my own family.”*

Katie often felt guilty about her decision to cease contact with her parents while Andrew lived in their home. In many ways she felt sorry for her parents and tried to protect them from Andrew’s rage. She says:

*“Even though I was not always physically present, my parents had my full support. I often reminded them that they were not to blame for Andrew’s drug addiction. He was the one who had made the wrong choices and he had to take ownership of his life and the decisions he had made.”*

For Katie, the worst part of Andrew's addiction was the emotional war he had with Lauren and David. She also found it incredibly difficult to accept that he was stealing from them too. The anger and resentment in her voice is crystal clear as she blames Andrew for ruining their wonderful family. Katie also resents her twin brother for conveniently moving away with his own family and leaving the rest of them to pick up the pieces.

It seemed that there was no light at the end of the tunnel. The grip of Andrew's addiction was so powerful that he was sent from one rehabilitation facility to the next, without positive results. Sometimes he stayed only for a few days or weeks and when he had enough, he simply left. Eventually there were no facilities left that were willing to take him in, and financially David and Lauren were ruined.

As a result, Katie withdrew completely from Andrew in an attempt to salvage her own well-being and to protect her own family.

Thereafter, the road towards recovery was winding. Lauren eventually reached a point of utter desperation. Andrew had been on the streets for weeks and his feet were so badly bruised that he could not walk anymore. So Lauren decided to call the police and have him arrested. She explains:

*"If I did not do that, he probably would have been dead by now. But the court was merciless. In the past, they had given him so many chances to turn his life around. He simply carried on and on. So they gave him the maximum penalty.*



*Andrew was eventually sentenced to thirteen years in prison! I never saw that coming.”*

In many ways, Sophia was not unaffected by the reverberating impact of Andrew’s drug addiction either. She explains that:

*“It cost me four years of my life. At that time, I was also looking after my terminally ill father. I had too much on my plate. Trying to help Andrew proved to be so overwhelming that I ended up being hospitalised twice as the pressure just became too much for me. It felt as if I was also alone at times, especially when I had to stand in for my sister when her husband and other children were nowhere to be found.”*

Through the process of her involvement Sophia also tells how she entered into a world that never existed to her before. She goes on to say that:

*“All of a sudden you find yourself sitting in cold hallways of the court or prison. Only when you have walked inside a prison and seen all those doors and locks do you realise what freedom truly means and how easily we take it for granted.”*

Yet despite the toll that Andrew's drug addiction took on Sophia personally, she now truly understands what it is like to stand together as a family and to support your own flesh and blood through the worst of times.

Now that Andrew is in prison, David frequently finds himself going over and over different scenarios and possibilities in his head. He tries to think of ways in which he could have handled situations differently and how a different approach could have changed the course of events that followed. As the head of family and as a father, David blames himself and feels that he had failed Andrew and the rest of his family. He goes on to say that:

*"Perhaps I could have tried to talk to him more about things that bothered him. But how can I help carry the load of my son's burdens when he doesn't want to open up and let me in?"*

Katie is adamant that things might have turned out differently if Andrew had accepted help from the start. She also firmly believes that Andrew is the only one who could have changed the course of events if he had made better choices in crucial moments. But rather than dwell on the past, she looks to the future and places her trust in God as she believes that only God can bring the much needed solution.

As a mother, Lauren says that she firmly clings to the belief that no one could have done anything different to change her son's fate. Yet her true ambivalent feelings and struggle to accept the harsh reality of Andrew's prison sentence quickly comes to the fore as she

mentions that if Andrew had perhaps spoken to them as parents more often or if she and her husband could have helped him more, things might actually have been so very different today.

### ***Theme Three: Support.***

What happens when you find out that a member of your family has a drug problem? How do you help this person? What if all your efforts make no difference? What happens when you have depleted your resources? How do you prepare for an impending crisis when you do not see it coming?

Andrew's drug addiction might have started off as an individual struggle, but the reverberating impact thereof was soon felt by the other family members. Thus, Andrew's drug addiction became the problem of the family.

The family members attempted to intervene in a variety of ways, but it was not long before their resources were depleted or rendered useless. Out of sheer desperation, the family started mobilising supportive systems around the problem of drug addiction in an attempt to intervene. Figure 2.4 (on page 31) illustrates the mobilising force of drug addiction, while Figure 4.4 (on page 82) depicts the nurturant relationships that were established between the Joubert family and the environment.

Lauren recalls the very day that Andrew told her and David that he had a drug problem. She also remembers how her eldest son immediately sprang into action as he contacted a professional that he knew of that very same day. Yet despite the effort, it seemed that Andrew was not interested in getting help at that point. According to Lauren:

*“He always said that he did not need or want any rehabilitation. He believed that he would get himself clean and back on track again.”*

Perhaps it was Andrew’s refusal to accept help from his family that led to his brother’s subsequent withdrawal from him. Their relationship was never the same again. Tim also distanced himself from Lauren, David and Katie.

This manner in which Tim distanced himself from his family of origin also triggered immense feelings of resentment from Katie. She explains that she too was already married and living on her own when Andrew’s drug addiction first became known. Yet despite her own commitments and responsibilities toward her new family, she still tried to support her parents as much as she was able to. Tim just didn’t want to get involved. Perhaps Katie was angry about having to shoulder all the undue responsibilities herself.

Katie tells that she was not able to support Andrew in quite the same manner as she supported her parents throughout this entire ordeal. Perhaps Katie did not feel that sense of kinship towards Andrew because of the huge age gap between them. Perhaps she was still too angry with him for all the hell he had put their parents through. Perhaps she was

also waiting for him to own up to his responsibilities. Yet despite her lack of overt support for Andrew, she prayed for him continuously and without hesitation.

Almost immediately after Sophia heard about Andrew's drug problem, she offered her support to his parents. She often joined Andrew and his parents as they went to support groups and when Andrew was placed under house arrest, she offered to supervise him as she was the only one not working at the time. On various occasions the courts also requested that Andrew went for blood tests. Lauren was not always able to leave work and David just simply wasn't interested. Sophia was the one who had to step up and get things done.

Emma and her husband became involved when David and Lauren approached them in utter desperation. Andrew's parents wanted to send him to a rehabilitation centre called Noupoot but they did not have the money. Emma and her husband then paid for an entire year's stay at Noupoot in the hope that Andrew would overcome his drug problem.

Emma and her husband agreed to help David and Lauren because they loved Andrew unconditionally. As his grandparents, they never condoned the things he did, but they also never turned their backs on him.

As Emma recalls these events, she is suddenly overwhelmed with extreme sadness and guilt. She vividly remembers the last couple of days she spent with her husband. While he was on his deathbed, she did the unthinkable to give him peace of mind. She says that:

*“During the very last days of his life, my husband was worried sick about Andrew. So I lied to him. To give him peace of mind I told him that it was going really well with Andrew and that there was no need for him to worry. Shortly thereafter, my husband passed away.”*

Emma’s enduring love for her husband and her desire to allow him to leave this earth in peace justified the lie she had told. Even after her husband’s death, she continued to support the Joubert family in any way, shape or form. Yet she admits that she was only able to stay strong during these difficult times because God carried her through.

Lauren eventually approached their local pastor for assistance when she did not know what to do anymore. She explains:

*“I realised that my child needed help but I did not know how to help him. It was then that our pastor became involved and he spoke to Andrew. After that Andrew actually agreed to go for rehabilitation for the very first time.”*

Yet soon thereafter the extent of Andrew’s drug addiction reached new heights. Lauren recalls how she and her husband placed Andrew in one rehabilitation facility to the next. Nothing seemed to work.

There were times when David thought that Andrew did not want to be helped. He recalls:

*“Each time we arranged for him to be sent to a different rehabilitation facility. He went to Stabilus, Noupoot and the Zelza recovery Centre twice. He was even in prison a couple of times. But nothing really seemed to shake him enough to stop using drugs. We thought that once he reached rock bottom he would be willing to make the necessary changes. That never happened.”*

Katie recalls how the police also tried to help Andrew get back on the straight and narrow. Yet they apparently got tired of the ongoing situation and subsequently gave up.

Lauren then started looking around for other means of assistance and support. She remembers that:

*“I asked for help everywhere. I even asked for help at my place of work. I asked everyone there for assistance and guidance. My husband and I then joined a group called “Tough Love”. We learnt a whole lot there about what to expect and what to do. It was empowering and we did not feel so ignorant anymore.”*

David explains how lucky he and Lauren felt when they heard about the Tough Love Group. They immediately joined and started networking with other parents faced with similar circumstances as well as various professionals in the field. They obtained a lot of support and assistance in terms of how to help Andrew.

David also says:

*“Our whole family tried to help in one way or another. We were really very proactive in our attempts to help Andrew.”*

Eventually it seemed that the strain and pressure placed on Lauren was just too much for her to handle. As a result, she was admitted to the Vista Clinic in Centurion. Soon thereafter, Lauren and her husband joined a “Caring Group” at their church. Here she was able to draw strength and support from others. Lauren also established an even closer relationship with God. She speaks candidly about her spirituality and how it had been a vital source of strength in her time of dire need. According to Lauren:

*“It was a very difficult time for me. I think that the only way to get through something like this is with the help of God. I don’t know how one can go through this process, this road with its many ups and downs without knowing God.”*

Lauren also talks about the healing that took place when she was able to share her story with others. Her openness to converse with others was also spurred by the belief that she might help others facing the same difficulties through the telling of her story.



David embraces a similar philosophy by indicating that the possibility that his family's story might benefit someone else would make all the heartache and pain of remembering worthwhile.

For Katie, reminiscing about the past couple of years gave her the opportunity to see how much she has grown despite all the pain and heartache along the way. Thus, if growth is possible for those who walked beside Andrew on this dangerous path of drug addiction, perhaps growth and healing is also possible for him where he now finds himself in a much safer harbour.

The Joubert family now look to the future. All eyes are fixed on Andrew as he stands at the crossroads of his life. Which road will he take? Will the Joubert family be open enough to accept the possibility of healthy change, or will the fear of instability swallow any such attempt? What is the difference that will make a difference in the lives of this family?

Andrew mentions the difference that is perhaps making the difference in his life now. In a way he has come full circle. Whilst growing up he always felt that he was different from the rest of his family. He felt like an outsider. But now, the difference that Andrew feels is a positive one. As such, Andrew explains the importance of having faith in a power greater than oneself. Andrew says:

*"In the past my faith was not that strong. Maybe that is why I was not able to stay away from many of these evil things. But my faith is much stronger now. I*

*think I am also in a better headspace now. Maybe in the past I just wasn't ready to let go yet. I don't think I was as mentally ready to make the change as I am now."*

Now that the dust has also begun to settle, both Katie and David are slowly closing the gap between them and Andrew. Andrew mentions how his sister even visited him in prison a couple of months ago and how his father is trying to make up for lost time. The story of this family's journey along the path of addiction shows that growth, healing and acceptance can blossom in the wake of disaster.

#### ***Theme Four: Meaning attributed to Andrew's drug addiction.***

When tragedy strikes it is only natural to wonder about the reasons for its occurrence. Yet even though it is not possible to isolate a specific factor as the definite cause of Andrew's addiction, plausible reasons for its occurrence can be obtained from the "community of voices" that stood in the firing line.

Where, when and why did Andrew's drug addiction begin? Each family member would probably punctuate a different time and a different causal factor based on their own version of reality.

The meanings that each family member attributes to the development of Andrew's drug addiction expose the family drama in its full glory. Each family member's own attitude and behaviour towards every other family member is made explicit.

Bowen (1985) suggests that family members have a profound effect on each other's thoughts, feelings and actions as they elicit each other's attention, approval and support, while also reacting to each other's needs, expectations and distress. It is this connectedness and reactivity that make the functioning of family members interdependent. It is also within this context of mutual influence and interdependence that problems develop.

Therefore, the problem of drug addiction can be understood as a symptom that represents a "sick" system of relatedness to which all those involved have contributed. More specifically, Meyer, Moore and Viljoen (2000) suggest that the symptom says something about the dynamics within the system, as it tells the story of how the family became stuck in repetitive and ineffective feedback networks.

The following is each family member's perspective regarding the cause for Andrew's drug addiction. In particular, these views represent the rigid interactive patterns that had been established long before the problem of Andrew's drug addiction came about. Yet it is these redundant patterns of interaction that laid the foundation for its emergence and that made the subsequent problem-determined system possible.

After Andrew's drug addiction became public knowledge, Katie remembers how she wanted to confront Andrew and demand answers from him as to why this had happened. Yet she never got any answers. So Katie eventually came up with her own "theories" about why her youngest brother started using drugs in the first place. She thinks that:

*"Perhaps Andrew started using drugs because he wanted to fit in amongst his friends. Maybe using drugs made him feel that he belonged somewhere."*

As a mother, Lauren often found herself haunted by questions about why her youngest son, her baby, fell into the clutches of drugs. Similar to Katie, Lauren says that:

*"I think Andrew always had a poor self-esteem and so he tried desperately to fit in".*

Katie also seems to think that the age gap between her and, Tim on the one hand and Andrew on the other was a possible source of his loneliness and a subsequent cause of his drug problem. She explains that Andrew was never able to relate to her or Tim because he was so much younger than them. So Andrew essentially grew up alone.

Despite the difference in age, Sophia remembers how Andrew looked up to Tim when he was much younger. Tim was his hero. At that time, Tim was the only one who could really get through to Andrew. He kind of took Andrew under his wing. But according to Sophia, Andrew's world fell apart when Tim later moved out of the family home and got married.

Perhaps Andrew perceived this change as a form of rejection from Tim as their relationship slowly started to deteriorate from that point. However, this perceived rejection was reinforced when Tim eventually turned his back on Andrew when his drug problem came to light. Perhaps Tim wanted to protect his own family or maybe he felt angry with Andrew for making such a huge mistake.

Emma suggests that Andrew's stubborn demeanour might have played a role in the development of his drug problem as he always wanted things his way. Yet in Andrew's defence, Emma states that his overzealous need to get his way might have been an ineffective attempt to obtain much needed love and acceptance. Perhaps the fact that he was such a difficult child also made the entire situation worse. She states that:

*"Andrew was never really able to speak openly about his feelings and so he just kept it all inside. But when I rack my brain about what he must have felt, I believe that he felt rejected by his own family because he was never able to live up to everyone's expectations, nor was he able to fit in neatly with the mould of how he was supposed to be. As a result, I believe he developed a low self-esteem."*

David also recalls that Andrew never spoke about his emotions but that it was obvious that he felt unhappy. Katie agrees with this statement and suggests that Andrew might have used drugs in an attempt to block out his feelings of sadness.

Similar to Emma, Sophia also suggests that Andrew's frequent anger outbursts might have masked his low self-esteem and an unfulfilled yearning for love, acceptance and a sense of belonging. Perhaps he felt unwanted and started to look for support and recognition elsewhere, only to end up receiving support from the wrong kinds of people. Maybe the drugs, alcohol and false sense of belonging made him feel better for a while.

Sophia recalls, when Andrew went to America straight after high school, he was the first of three generations who had the opportunity to travel overseas. It must have been a very exciting prospect for him. According to Sophia, the rejection and abandonment came when Andrew's parents and siblings went on holiday at the very same time that he left. As a result, Sophia and her husband were the ones to see him off at the airport.

Emma also remembers the time that Andrew went to America right after he finished high school. She thinks that he might have had too much freedom at that time. She feels that he ended up making poor decisions and his friends exposed him to the wrong kinds of things. However, Emma felt that he never received the necessary guidance from his parents in terms of how to handle all this sudden freedom. Perhaps he entered into certain situations much too naively and subsequently got his fingers burnt. She holds David and Lauren responsible by saying that:

*"Parents should open their eyes and they should know where their children are and with whom."*

Lauren also believes that Andrew ended up in the company of the wrong kinds of people when he came back from America. She explains how he came back to South Africa with lots of money and that it attracted the attention of those who exposed him to a different way of life. Eventually Andrew was unable to walk away and got stuck in the web of drugs.

David shares a similar perspective and insists that:

*“I believe that Andrew developed a drug problem because he surrounded himself with negative people doing negative things. He always had a very strong will and somehow the normal rules in life did not apply to him. Eventually this approach he had to life caught up with him. I mean just look where he is now.”*

As Andrew reflects back on the life he has lived, he tries to pinpoint where it all began and why it went so horribly wrong.

Andrew thinks his drug problem began when he was about twenty years old. He started drinking in high school but his intake increased significantly when he came back from America. Yet when asked about his reasons for drinking and using drugs, Andrew explains:

*“I probably drank that much because it made me feel good. I actually felt that I belonged somewhere. When I started using heroin, things were different. It was no longer about fitting in. I used heroin to help me cope with life. When*

*things got too much for me, the heroin helped to drown it out and made me feel better. Then I forgot about the loneliness I felt. I also forgot about the feelings of rejection and abandonment that have haunted me for so long.”*

More specifically, Sophia believes that Andrew suffered a huge amount of rejection from his parents and siblings. For her it makes sense that this rejection might have been a catalyst in the development of his subsequent drug problem. As a result, she places most of the blame for Andrew’s drug addiction on David and Lauren. She explains that:

*“Andrew’s parents should have been more involved in his life from an earlier age and they could have made a bigger effort to make him feel that he was good enough, just as he was.”*

Emma also holds David and Lauren responsible for Andrew’s drug problem. Similar to Sophia, she is of the opinion that:

*“I think Andrew felt abandoned and alone because he was always seen as different from the rest of the family and especially different from the twins. His brother and sister were always highly regarded by the entire family but everyone labelled Andrew the black sheep of the family. I think he basically felt like an outsider in his own family.”*



In general, Andrew holds himself responsible for all that has happened. However, he does mention that there were instances in which the behaviour of others had such a profound impact on him that he believes it acted as a catalyst to the development of his drug problem. He goes on to say that:

*"I made certain decisions in my life and I remain responsible for the consequences thereof. So I cannot blame anyone else but myself for where I am now. But I do think that some people in my life contributed to where I am now. I never felt like I belonged anywhere. I did not fit in into my family and so I tried to find acceptance elsewhere."*

For most of his life Andrew felt as though he played a peripheral role in his family. However, his addiction to heroin catapulted him toward the centre of his family and kept him in that position ever since. Even though the chronic use of drugs destroys the human body, it seemed to have a miracle effect on Andrew's life. For the first time in his life, Andrew had the luxury of being seen and heard by all those who had previously shut him out.

It is interesting how the reason which David, Emma and Katie supply for the development of Andrew's drug addiction focuses solely on Andrew as being the bearer of the problem. Perhaps it is because this family system is committed to sameness which can only be maintained as long as the family's scapegoat (Andrew) is the sole carrier of the family's problems. As such, Meyer, Moore and Viljoen (2000) also explain that this type of "sick" systems attempts to stay the same at all costs by maintaining the status quo.

Yet it becomes more evident through the voices of Emma and Sophia that all the members of the Joubert family contributed, in some way, to the development of Andrew's drug addiction. Perhaps the fact that these two women are members of the extended family, affords them a bird's-eye-view on the problem.

In the same vein, Becvar and Becvar (2006) explain that the behaviour or symptom of an individual is related to the family system and its organisation. Problems develop between people and not within people.

### ***Summary***

According to Meyer, Moore and Viljoen (2000), problems develop within the context of human interaction. This study envisioned to explore how the problem of drug addiction developed within a particular system of relatedness.

Thus, if we are to understand how Andrew came to where he is now, it is necessary to explore where he came from. Bowen (1985) suggests that individual family members cannot be understood in isolation from one another, but rather as part of, or in relation to, the family as a whole. Consequently, I have interviewed the most prominent role players that make up Andrew's context of living.

The aim of this study was to illuminate how the exchanges between family members had become so limited that rigid patterns of interactions were established to ensure this family's

stability. According to Becvar and Becvar (2006), the concept of negative feedback suggests how this type of family attempted to maintain its stability or status quo by opposing any fluctuations or disturbances.

However, despite this family's unwavering commitment to sameness they had managed to create the very context for the problem of drug addiction to develop. Therefore, the manifestation of Andrew's drug addiction had challenged the family's rigid repertoire to such an extent that evolution took place.

Through the stories of the family members, this study also attempted to highlight when and where a problem-determined system was formed around the issue of Andrew's drug addiction.

At the very moment that a problem-determined system was formed, the Joubert family unit was extremely strong and extremely weak at the same point. The prospect of change was so great that the family's stability was more fragile than ever before. Yet in the face of such impending danger, the family was also much more resistant to avoid the possibility of change.

But why did Andrew's drug addiction pose such a threat to the stability of his family unit? It was at this very moment when Andrew was no longer satisfied with being the family's scapegoat, that a problem-determined system was formed. However, his drug addiction threatened to expose the family's inability to take responsibility for their own problems. The

formation of a problem-determined system around the issue of Andrew's drug addiction was the family's desperate attempt at keeping Andrew as the carrier of all the family tension, so that their stability could be maintained.

Bowen's (1985) suggestion would support this view, namely that the prospect of change was a threat to family continuity and so the dysfunctional family ensured its own continuity by halting the possibility of individual differentiation.

Below is a systematic discussion of drug addiction as a problem-determined system. Andrew's journey is described from the humble beginnings of being the family's scapegoat and being the regulator of family tension, toward being the most powerful member of the family that catapulted them all toward evolutionary differentiation.

When Andrew's drug problem first came to light, each family member reacted in accordance with the prevailing relationship definitions of the time and in keeping with their typical roles and attitudes. At this point, the twins and their parents formed an "undifferentiated blob of sameness" which perpetuated the tang of similarity that echoed in their respective responses.

Thus, it seems that the stability of this family is dependent on unity which can only be achieved if all the members of the family act and think the same. As such, the Joubert family was not open to the idea of change. Over time, their rules had become so inflexible that the

types of values, roles and behaviours that were considered appropriate and acceptable by the family system, were limiting to its members.

When Andrew was born he embodied the epitome of difference and posed a challenge to the rigid rules of the family system. Yet the subsequent resistance from the family system meant that he was not granted membership to the family. Consequently, he was labelled as the outsider and the black sheep of the family.

However, the time came when Andrew started to grow tired of being the scapegoat of the family, and in desperation the availability of drugs was used to fill the relational vacuums between the various members of the Joubert family. This act of self-sacrifice threatened to disturb the family's equilibrium or homeostasis. Therefore, in an attempt to neutralise the possibility of change, Andrew's behaviour was labelled as deviant and so the status quo could be maintained.

Stanton (1982) explains how drug addiction often develops due to the intense fear of separation experienced by the family in response to the drug addicts' attempts at individuation. Ever since Andrew was a little boy, his parents had tried to force him to conform to the mould of their expectations. Perhaps the difference he brought to the family was so anxiety provoking that it had to be stifled.

Lauren describes Andrew by saying that:

*“He has always been the type of person who is easily influenced and manipulated by others. Andrew would easily sacrifice his own well-being for another friendship or relationship.”*

Perhaps Andrew took up the role of a drug addict to deflect all the attention away from the impoverished relationships in his family. Did he sacrifice his own well-being so that the family could save face?

For a brief period of time, Tim felt obligated to carry the problems of the family because he was the eldest son. If he did not leave the field completely, would he have been the drug addict today? Perhaps Andrew wanted to take up this role and this privileged position when Tim left. Yet Andrew only received the burden of all the family problems without the crown and glory. So when the weight of everyone’s tension became too much for Andrew to bear, he resorted to drugs as a way to escape this undue responsibility.

The impact of Andrew’s drug addiction reverberated throughout the family as his individual battle soon became the problem of the family. Andrew’s drug addiction posed a terrible risk to the stability of this family system. Inevitably the difference that Andrew’s drug addiction brought to the seemingly united family was too great and the family was pushed off its axes. As a result, the relationship dynamics amongst the family members changed to such an extent that greater differentiation of individual members was made possible. This differentiation or emancipation of family members can be seen through the severed relationships that resulted.

The relational recalibration that took place within the Joubert family system is depicted in Figure 4.1 (on page 76) and Figure 4.2 (on page 77).

However, this rigid family system did not easily allow such evolution to take place. During the times when Andrew's drug addiction posed the greatest risk to the stability of the family unit, external systems were mobilised in an attempt to intervene. In this manner, the family system attempted to maintain the status quo to avoid the possible dissolution of its unity.

The specific systems of support and intervention that were called upon by the Joubert family during their greatest time of need, are highlighted by Figure 4.4 (on page 82).

In the end, Andrew's drug addiction was more powerful than the homeostatic tendency of the family system.

It appears that Andrew's drug addiction perturbed his rigid family system in such a way that evolution took place. As a result, individuals and the relationships amongst individuals are now much more differentiated, even though it is unhappily so. Therefore, Andrew's drug addiction can be regarded as his attempt at emancipation from an undifferentiated family. Through the formation of a problem-determined system around the perceived problem of his drug addiction, evolution took place in the Joubert family system.

But how do the participants or family members view the development of Andrew's drug addiction? What meanings do they attribute thereto?

Through an exploration of the ideas held by each individual, the intricate relational dynamics by which they are informed are also revealed. The very conditions that perpetuated Andrew's drug addiction are made explicit. Again, aspects of sameness, difference, loyalty, membership and belonging "fizzle" to the surface in the story of each participant.

Andrew's parents and sister immediately pointed a finger at him and suggested that his own intrinsic qualities catapulted him into the powerful grips of drug addiction. These perspectives reflect the prevailing "norm" in the Joubert family, namely that Andrew is the bad seed who is always to be blamed for defiant behaviour and poor decisions.

Through this belief, the members of the Joubert family desperately attempt to rid themselves of any responsibility for Andrew's drug problem. However, as suggested by Meyer, Moore and Viljoen (2000), a symptom or problem says something about the dynamics within the system, as it tells the story of how the particular family system became stuck in repetitive and ineffective feedback networks. Therefore, the problem of drug addiction is understood as a symptom representing a "sick" system of relatedness to which all those involved have contributed. Becvar and Becvar (2006) also explain the importance of looking away from the individual as the bearer of the problem. Instead, it is suggested that problems, struggles and difficulties develop between people and not within people.

The relational explanations offered by Andrew, Emma and Sophia regarding the causes of Andrew's drug problem are incredibly valuable. In essence, these role players argue that the



Joubert family never accepted Andrew as part of their clan, and in response, Andrew searched for acceptance and a sense of belonging elsewhere. Unfortunately, he found it in the wrong places.

Perhaps the true salvation of this family will only come once all the significant role players acknowledge and accept their own contribution to the behaviour and problems of others. Liddle and Dakof (1995) suggest that individual behaviour is best understood as being related to the family functioning in the past and present.

In essence, Becvar and Becvar (2006) argue that a family's key to success lies in its ability to make adaptive changes to its own structure relative to the family circumstances and the developmental stages of its members. In particular, a delicate balance is required between family stability and individual autonomy.

## Chapter Five

### *Evaluation and Conclusion*

#### *Evaluation of the Study*

As the researcher of this study, I chose the topic of drug addiction specifically because of the increased prevalence of this phenomenon right around the world. In particular, the qualitative nature of this study allowed me to focus intensively on the experiences of one family, looking at shared similarities and individual differences. I set out to foster a greater degree of understanding about a real-life phenomenon that affects the lives of so many families all over the globe.

It is my belief that the mutual influence of all the significant role players within a specific system of relatedness deserves equal attention. In this regard, Becvar and Becvar (2006) argue that we should direct our attention away from focussing on the individual as the bearer of the problem. Instead, our focus should be shifted towards relationships, as problems, struggles and difficulties develop between people and not within people.

Therefore, the aim of this study was to obtain an in-depth description of how drug addiction developed within the context of relatedness. As the researcher, I consequently set out to gain a deeper understanding of the specific interactions between significant role players that subsequently created a suitable environment for the problem of drug addiction to emerge.

Thus, just like a tree bears fruit when conditions are optimal for such an occurrence to take place, the problem of drug addiction is also believed to develop within the context of a system of relatedness that put forth just the right ingredients for its emergence.

The results of this study reflect the central themes which underlie each participant's unique experience regarding the topic being narrated. Together these themes form a "community of voices" that tell the story about the initial reactions to Andrew's drug addiction, the life changes experienced due to Andrew's drug addiction, the support, as well as the meanings attributed to Andrew's drug addiction.

These themes were "plumped up" into more meaningful descriptions about a case of drug addiction within a specific context of relatedness through the use of various collaborative resources. The participants' stories were contextualised by the literature study, a description of the family and its members, the chronological event chart, the various genograms, as well as the eco-map.

According to Terre Blanche *et al.* (2006), the qualitative researcher forms an inseparable part of the research process, in which the researcher's experiences, not only those of the research participants, are invaluable. I thus became a natural part of the context in which the problem of drug addiction was situated through the process of engaging each participant in an open and empathic manner. By framing this endeavour as a qualitative study, I was able to articulate the story of each participant more clearly and respect the uniquely subjective nature thereof.

As a result, the fit between this study's postmodern ontology, constructivist epistemology and adherence to social constructionism becomes evident. Doan (1997, p. 131) also explains that "both postmodernism and social constructionism are interested in accounts that honour and respect the community of voices inherent in each individual and how these accounts can be respected within a particular system."

In particular, the concept of first-order cybernetics allowed me as the researcher to generate useful descriptions about a case of drug addiction within the context of a particular system of relatedness, whereas the concept of second-order cybernetics gave me as the opportunity to acknowledge my own involvement in the process of co-creation with each participant.

Thus, through the process of conducting this study, I was able to wear two hats simultaneously. Firstly, I was able to observe a case of drug addiction as being situated within a particular context, and to generate useful descriptions and hypotheses about the ongoing family drama. Secondly, the manner in which each participant's story took form also reflected a process of co-construction with me as the researcher.

Through this entire process of conducting a study about drug addiction as a problem-determined system, I have learned many important lessons along the way. In particular, my involvement with the literature and each participant has taught me the following:

As the researcher of this dissertation, I have come to know and appreciate how the stories of each participant cannot be removed or separated from the context in which it was originally formed and shaped. Becvar and Becvar (2006) argue that reality is not external to any person; rather it is constructed by each individual as they bring their own personal perceptions to bear on it, give meaning to it and give order to it.

I have also realised how each participant's story is based on predetermined beliefs and so does not represent an exact account of reality. Therefore, the manner in which each participant perceives the world and events that occur within it, is inevitably coloured by their tinted lenses of previous experience, culture and society that they wear. For this reason, Doan (1997) advocates that we should move away from the belief in a single, objective and universal truth, towards the existence of many possible multiple "truths".

Similarly, I have also realised how each participant's story is only a partial explanation of the entire family drama, as there are as many versions of a family as there are members in it. Therefore, it is only through the appreciation of a "community of voices" that the family drama unfolds in its entirety.

On a personal note, I have also come to understand how the fear of change sometimes drives people to create the very circumstances that they fear the most. Yet the impact of such actions sometimes only becomes visible many years later when the thread of relevance that ran through from the beginning to end has already become so tangled that the patterns are no longer immediately recognisable.

Below is a discussion about the various strategies that were employed to ensure the reliability and validity of this study:

In particular, reliability was obtained through the clear delineation of this study's overall scope and field of interest. Both the aim and the rationale of this study clearly reflect what this study is about, why it is important and what the study aims to achieve.

The orientation of this study is also adequately disclosed in that, as the researcher, I clearly demarcated my personal interest in the study and my expectations thereof. The nature of the study was also clearly explained.

As the researcher, my engagement with the material is reflected through the hermeneutic process of data analysis, which attempts to discover meaning and to achieve understanding. Consequently, specific themes were identified that seem to underlie each participant's unique experience regarding the topic of the study. Therefore, I attempted to approach this study from a position of "not knowing", and allowed myself the privilege of seeing the world through the eyes of each participant that took part in this study. The hermeneutic process of data analysis also allowed me the opportunity to firmly ground the various interpretations, by linking each identified theme with examples from the specific interviews conducted with the participants.

The validity of this study was obtained by utilising the "triangulation" strategy. The data generated in this study was obtained from multiple sources such as the literature study, the

description of the family and its members, the genograms, a chronological event chart, an eco-map and semi-structured interviews. The validity of this study is further strengthened by the overall coherence reflected in the qualitative nature, postmodern ontology, constructivist epistemology, literature study, hermeneutic method of analysis and collaborative resources chosen for this study. As such, a visible thread of relevance runs through the different facets of this study. The study also appears “fruitful” as it provides an abundance of rich and meaningful descriptions about drug addiction as a problem-determined system.

In particular, the participants that took part in this study all agreed that the ways in which I engaged them individually had made sense to them. As such, catalytic validity has been achieved. The participants also indicated that they would not have made any changes to the study, as the retelling of their stories that are reflected in the results of this study, had made sense to them. Consequently, testimonial validity has also been achieved.

Reflexive validity was also obtained as the data generated within this study changed my own way of thinking. While working on this study, I was continuously inundated with various burning issues that came to the fore.

In particular, I was struck by the resilience of the participants I interviewed. Despite the difficulty each family member was faced with and the harsh reality of Andrew’s thirteen year prison sentence, each family member experienced spiritual strengthening along the way and appears much stronger than ever before.

Yet it was the stories of Emma and Lauren that taught me the most. From these two women I have learned the true meaning of unconditional love. Below is a small part of Emma's interview that illustrates her and Lauren's unwavering commitment to the people in their lives.

Emma vividly remembers the last couple of days she spent with her husband. While he was on his deathbed, she did the unthinkable to give him peace of mind. She says that:

*"During the very last days of his life, my husband was worried sick about Andrew. So I lied to him. To give him peace of mind, I told him that it was going really well with Andrew and that there was no need for him to worry. Shortly thereafter, my husband passed away."*

It was Emma's enduring love for her husband and the importance of allowing him to leave this earth in peace that justified the lie she had told. When Emma speaks about Lauren, she describes her as an angel who always tried to keep her family together. Emma even recalls how the local pastor had said that Lauren would go straight to heaven one day. She goes on to say that:

*"Lauren was the one who would go into places where others would not. Time and time again she brought Andrew home. She was the only one who stuck by him through thick and thin, when everyone else said that she was making a huge mistake."*



As the researcher, it is my hope that the data that was generated in this study may add value to and contribute toward existing theories, and possibly assist those who have faced a similar ordeal.

### ***Limitations of the Study***

Throughout the entire process of completing this study, the following limitations were found:

The focus of this study was only directed to the experiences of one particular family in one specific culture. This narrow scope might be considered a limitation to this study, as it only explored how a single Caucasian family ascribed meaning to their particular experience of drug addiction.

However, the main reasoning or driving force of this study was not to generalise the experiences of a particular family as being similar or dissimilar to the experiences of other families. Therefore, the qualitative orientation of this study allowed me as the researcher to focus my attention solely on the manner in which one family conceptualised their experiences of drug addiction. As was pointed out, Terre Blanche *et al.* (2006) explain that a qualitative approach allows the researcher to study selected issues in depth, openness and detail as it involves the studying of real-life situations as they unfold naturally. Therefore, the focus of this study was not aimed at aspects of generalised applicability that would fall within the domain of quantitative research.

Another limitation to this study was the absence of Tim's perspective regarding the family drama. However, it was each participant's privilege and right to decide whether they wanted to participate in this research study. Tim's refusal to be a part of this research study was therefore respected.

### ***Recommendations for Further Research***

As the researcher, I hope that this study will motivate others to conduct more research focused specifically on drug addiction, and that this research would be based on findings that are appropriate and specific to South African conditions.

In particular, I recommend an exploration of the following areas:

- How does the problem of drug addiction affect an entire system of relatedness in different cultural contexts?
- Which supportive and interventive resources are available in different cultural contexts?
- How do different cultures attribute cause and blame to the development of drug addiction within a specific system of relatedness?
- How do families from different cultural backgrounds create a context that is suitable for the development of drug addiction to take place?

## ***Conclusion***

This study allowed me as the researcher the profound privilege of bearing witness to intricate complexities of the Joubert family drama. Through the stories told by each participant, the themes that seem to underlie them, and from the collaborative sources of data, I was able to see how Andrew's drug addiction developed within the context of his family system. The following hypotheses were made:

It appears that the Joubert family has always had extremely limiting rules to which each member had to adhere. These rules inevitably resulted in the formation of redundant patterns of interaction between the family members. The limited family repertoire provided a sense of stability as it ensured the predictability of each family member.

Perhaps Andrew's birth marked the start of this family's evolution from an "undifferentiated blob of sameness" to greater individual differentiation.

When Andrew was much younger, it was easier for the family to maintain its stability or status quo by opposing the difference or the new information that Andrew tried to bring to the family system. At this time, Andrew was merely pushed toward the periphery of the family as he was labelled the black sheep and the outsider. Thus, by reframing the difference that Andrew brought to his family as deviance, the family was able to remain homeostatic and unchanged.

But despite the Joubert family's commitment to sameness, they had managed to create the context for change. Their immediate response to the challenge that Andrew's drug addiction posed to their stability, was to form a problem-determined system whereby they all agreed through their languaging that Andrew's drug addiction was in fact a problem. In this manner, the family tried to keep Andrew as their scapegoat by once again labelling him as the sole carrier of the problem.

However, Andrew's drug addiction was much stronger than the homeostatic tendency of the Joubert family unit, and so evolution could take place. As a result, the stable family system was pushed off its axes and relationships were altered to such an extent that greater differentiation amongst the family members was made possible.

Finally, it seems appropriate to say that, where there was a beginning there is now an ending, and in that way the study has come full circle as it achieved that which it has set out to achieve.

*"Acceptance of one's life has nothing to do with resignation; it does not mean running away from the struggle. On the contrary, it means accepting it as it comes. To accept it is to say yes to life in its entirety."* – Paul Tournier

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## **Appendix A**

### ***Consent Form***

#### ***Consent Form – Participant Copy***

My name is Melanie Prinsloo and I am registered as a Masters student in Clinical Psychology at the University of South Africa (UNISA). As part of the Masters course I am required to complete a research dissertation.

I am conducting research about the interpersonal context of drug addiction, with specific reference to the reverberating impact and mobilising force thereof. I am interested in finding out more about how drug addiction impacts on the dynamics and interpersonal relationships within the immediate and the extended family, and how others have become mobilised around the problem of addiction in an attempt to intervene. I therefore require individuals willing to participate in my research study, who would be prepared to discuss their own personal experience related to the topic of this dissertation. My hope is that this research may benefit each participant, though this cannot be guaranteed, and may be helpful to professionals and lay people who deal with such clients.

The interview will be made available to the supervisor overseeing the entire research dissertation process. No personally identifiable details will be given; only general information so as to protect your anonymity. Your name will not be recorded anywhere on

the transcribed interview, and no one will be able to link it to you. All personal information will remain confidential.

The interview will last around 60 minutes. I would like you to be as open and honest as possible in answering the questions I put to you. Some questions may be of a personal and/or sensitive nature. I will also ask some questions that you may not have thought about before, and which involve thinking about the past or the future. Even if you are not absolutely certain about the answers to these questions, try to think about them and answer as best you can. When it comes to answering these questions, there are no right or wrong answers.

Your participation in this research dissertation is voluntary. In addition, if you do not wish to answer a question, you may refrain from doing so, and even if you agreed to participate initially, you may stop at a later stage and discontinue your participation. Most importantly, you will not be prejudiced in any way if you refuse to participate or withdraw at any stage during the interview.

If I ask you a question that makes you feel sad or upset, we can stop the interview and discuss it. There are also people to whom I can refer you who are willing and able to talk it through with you if you so wish. If you need to speak with anyone at a later stage, a professional person, Dr. Gerda Fourie, who is a Counselling Psychologist, can be reached at the following telephone number 012 546 5173.

I may require (an) additional interview/s at a later stage, and may also like to discuss my findings and proposals around the research with you, once I have completed my study.

If you have any other questions about my study, please feel free to contact my supervisor, Professor Ricky Snyders, at the University of South Africa, on 012 429 8222.

## ***Consent Form – Researcher Copy***

I hereby agree to participate in this research study about the interpersonal context of drug addiction, with specific reference to the reverberating impact and mobilising force thereof. I understand that my own experience of these matters will provide the reader with a real-life account thereof.

I understand that I am participating freely and voluntarily. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not prejudice me in any way. The purpose of the study has been explained to me, and I understand what is expected of me.

I understand that this is a research project, which may or may not necessarily benefit me personally. I have received the telephone number of a person to contact should I need to speak about any issues that may arise as a result of this interview. I understand that this consent form will not be linked to the research documentation, and that my personal information will remain confidential. I understand that, if possible, feedback will be given to me on the findings of the completed research.

Signed at ..... on this ..... day of ..... 20 .....

.....

Name of Participant

.....

Name of Researcher

.....

Signature of Participant

.....

Signature of Researcher

***Additional Consent to Audio and/or Video Recording***

In addition to the above, I hereby agree to the audio and/or video recording of this interview for the purposes of data capture. I understand that no personally identifying information or recording concerning me will be released in any form. I understand that these recordings will be kept securely in a locked environment and will be destroyed or erased once data capture and analysis are complete.

Signed at ..... on this ..... day of ..... 20 .....

.....

Name of Participant

.....

Name of Researcher

.....

Signature of Participant

.....

Signature of Researcher

## Appendix B

### *Semi-Structured Interview Layout*

#### *Interview Questions (father)*

This section contains the questions posed to David regarding Andrew's drug addiction:

- What is your name?
- How old are you?
- What is your highest level of education?
- What is your occupation?
- How are you related or connected to the individual battling with drug addiction?
- Give a label to each member in your immediate family (as well as to yourself) to explain the typical roles you each assume in the family context.
- Describe your immediate family by describing each family member as well as the relationships amongst yourselves.
- How did your children typically behave towards one another and towards you and your wife?
- Describe Andrew as a child, an adolescent, a young adult, and when he became involved with drugs.
- Who became aware of your son's drug problem first?
- How did the twins and the rest of the family come to know about Andrew's drug problem?



- How did you, as well as the other family members react upon the discovery of Andrew's drug problem? What did you do?
- How did the family dynamics start to change as a result of Andrew's drug addiction?
- What do you believe was the best way to have handled the situation?
- How did you approach the situation and try to intervene?
- What could you, your wife, the twins or anyone else have done differently to prevent Andrew's drug problem?
- From your point of view, why do you think Andrew started using drugs?
- How did other people perhaps contribute to his drug use?
- What do think people outside your immediate family would say is the reason why Andrew became involved with drugs?
- Describe the current situation.
- Can you think of any defining moments or key events that might have had an impact on Andrew?
- Were there any resources available to the family as a whole and to Andrew in particular? Where did you draw strength from in this difficult time?
- Please share any other thoughts related to your son's drug problem and yourself or your family.
- Does the way in which I approached the interview make sense to you?
- What was the experience like?
- Do you think you have learned anything from this experience?
- Would you have liked to have done anything differently?

## ***Interview Questions (mother)***

This section contains the questions posed to Lauren regarding Andrew's drug addiction:

- What is your name?
- How old are you?
- What is your highest level of education?
- What is your occupation?
- How are you related or connected to the individual battling with drug addiction?
- Give a label to each member in your immediate family (as well as to yourself) to describe your typical roles.
- Describe your immediate family in terms of the different family members and the relationships between them.
- How did your children typically behave towards one another and towards you and your husband?
- How did your relationship with each of your children differ from one another?
- Describe Andrew (your youngest son) as he grew up. How did he change when he became involved with drugs?
- Who became aware of the drug problem first?
- How did you find out that Andrew was using drugs?
- How did the twins (your other children) come to know about Andrew's drug problem?

- What was your reaction? What did you, your husband and the twins do after Andrew told you about his drug problem?
- How did Andrew's drug addiction impact on the immediate family in general, and on the members in particular?
- What did you as a family do to address the situation? Were there any resources available?
- How did you try to intervene as a family? Who did you approach for help?
- Which factors can you identify that possibly played a role in Andrew's drug addiction? Which elements paved his road towards drug addiction?
- What could have made the situation different? Do you think there is anything that anyone could have done differently? How could this have been avoided?
- Where did you as a family (or you in particular) draw strength from?
- Describe the current situation. What are things like at the present?
- How has this journey changed you?
- Does the way in which I approached the interview make sense to you?
- What was the experience like?
- Do you think you have learned anything from this experience?
- Would you have liked to have done anything differently?

## ***Interview Questions (older sister)***

This section contains the questions posed to Katie regarding Andrew's drug addiction:

- What is your name?
- How old are you?
- What is your highest level of education?
- What is your occupation?
- How are you related or connected to the individual battling with drug addiction?
- Give a label to each member in your immediate family as well as to yourself to describe the typical roles that you all assume.
- Describe the immediate family. Describe each family member as well as the different relationships amongst you all.
- How did you and your two brothers typically behave towards your parents?
- Describe Andrew as a child, an adolescent and as a young adult, who then became addicted to drugs.
- Who was the first family member that knew of Andrew's drug addiction, and how did you come to know about it?
- How did you and the other family members react to the news of Andrew's drug addiction? What did you do?
- What was the impact of Andrew's drug addiction on the family? How were the relationships altered as a result thereof?

- What were the greatest difficulties or obstacles the family was faced with in this time?
- Describe Andrew's road to recovery.
- Which resources were available to the family as a whole and to Andrew in particular?  
Where did you draw support from?
- From your point of view, why do you think Andrew become addicted to drugs?  
Which factors might have played a role in this process?
- Which other factors might have contributed to his drug addiction?
- How could others perhaps have contributed to his drug use?
- Are there any defining moments or key events that you can think of that might have had an impact on Andrew?
- What could have made the situation different?
- From your point of view, what do you think is the best manner to deal with the situation?
- Describe the current situation. How are things now?
- How do you feel about the future?
- Does the way in which I approached the interview make sense to you?
- What was the experience like?
- Do you think you have learned anything from this experience?
- Would you have liked to have done anything differently?

### ***Interview Questions (drug addict)***

Andrew is currently in prison and consequently his visiting hours are limited. As a result, the interview was conducted over several weeks. No specific questions were asked and the interview itself took the shape of a normal conversation.

### ***Interview Questions (maternal grandmother)***

This section contains the questions posed to Emma regarding Andrew's drug addiction:

- What is your name?
- How old are you?
- What is your highest level of education?
- What is your occupation?
- How are you related or connected to the individual struggling with drug addiction?
- Give a label to each member of the Joubert family to describe their typical roles.
- Describe the Joubert family before Andrew's drug addiction came to light.
- Describe each member of the Joubert family. What are the parents like? What are Andrew's brother and sister like?
- How did the children typically behave towards one another and towards their parents?
- How did each child's relationship with their parents differ from one another?

- How did the Joubert family change (if at all) after Andrew's drug addiction came to light?
- How did Andrew's parents, siblings and extended family treat him or behave towards him after finding out about his drug problem?
- How did you find out about Andrew's drug problem?
- Describe the process of your involvement in terms of helping Andrew and his immediate family in their time of need.
- What was the impact of this involvement on you personally?
- How did the situation change (if at all) after you became involved?
- Who else do you know of that became involved in helping the Joubert family with Andrew's drug problem?
- From your point of view, why do you think Andrew's drug addiction came about?
- Are there any other factors that might have contributed to his drug use?
- What could have made the situation different?
- Are there any events that you can identify, which occurred in the immediate or the extended family that might have contributed to Andrew's drug use?
- What do you think is the best manner in which to deal with the situation?
- Describe the current situation.
- What have you learned so far from this experience?
- Are there any ways in which you are now a different person since your involvement?
- Does the way in which I approached the interview make sense to you?
- What was the experience like?
- Do you think you have learned anything from this experience?

- Would you have liked to have done anything differently?
- Please share any other thoughts related to Andrew's drug problem, yourself or the family.

### ***Interview Questions (maternal aunt)***

This section contains the questions posed to Sophia regarding Andrew's drug addiction:

- What is your name?
- How old are you?
- What is your highest level of education?
- What is your occupation?
- How are you related or connected to the individual struggling with drug addiction?
- Describe Andrew's immediate family before his drug addiction was discovered.
- Describe Andrew's parents. Also describe Andrew and his siblings. What are they like? How do they typically behave?
- Describe Andrew during childhood and adolescence. What was he like?
- How did Andrew's immediate family as well as the extended family change (if at all) after his drug addiction came to light?
- How did you come to know about Andrew's drug problem?
- Describe the process of your involvement as an attempt to intervene in Andrew's drug addiction?
- What was the impact of this involvement on you personally?



- How did the situation change (if at all) after you became involved in trying to help Andrew and his immediate family fight against his drug addiction?
- Describe some difficulties you were faced with at this time.
- Is there anything good or positive that has come about as a result of your involvement in trying to help and support Andrew and his family?
- From your point of view, why do you think Andrew became addicted to drugs?
- Which factors can you think of that might have played a role in Andrew's eventual addiction to drugs?
- What do you think could have made the situation different?
- What do you think is the best manner in which to deal with the situation?
- What have you learned so far from this experience?
- Are there any ways in which you are now a different person since your involvement?
- Describe the situation now.
- Does the way in which I approached the interview make sense to you?
- What was the experience like?
- Do you think you have learned anything from this experience?
- Would you have liked to have done anything differently?
- Please share any other thoughts related to Andrew's drug problem, yourself or the family.